Clinical Kinesiology

Vol I: Low Back and Abdomen

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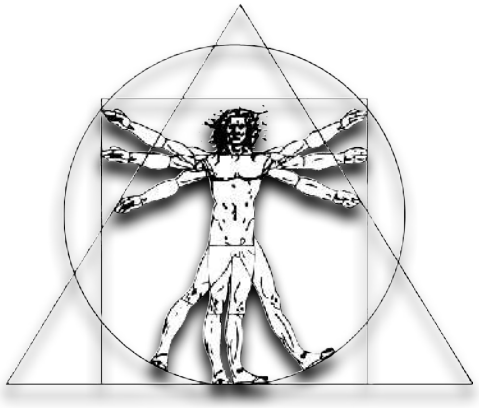

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DEDICATION

by the late Dr. Alan Beardall

To my wife without whose encouragement and support this book would not be possible,

AND

To my patients in the hope that the knowledge gained by their suffering and pain may be of benefit to all Mankind.

Acknowledgements

Contributions to this work have been made by numerous people, the most significant having been made by George Goodheart, D.C. Others whose contributions have been invaluable include Timothy W. Brown, D.C., for his editing and Marlon Furtado, D.C. and Joel Ito for their artwork. Special consideration is given to Cris Gilbert, Janie Pearcy and Nancy Collins.

Others who have helped me develop ideas and who have given me support while I was in the writing stage include Orval Ladd, D.C., Kim D. Christensen, D.C., Mark Wetzel, D.C. and Craig Buhler, D.C. Still others deserving of credit are the members of I.C.A.K., the interns at the Lake Grove Chiropractic Clinic, Charles Blodgett, D.C., Jeffrey Fitzthum, D.C., Rod Newton, D.C., Charlotte Anthonisen, D.C., and Patrick McClure, D.C. Each has my most sincere gratitude and thanks for jobs well done.

PREFACE

I first became interested in Applied Kinesiology while I was a student at Los Angeles College of Chiropractic. As I became more involved with the treatment of track and field injuries, I found that Dr. Goodheart's contributions to the treatment of musculoskeletal injuries were truly valuable. This gave me the impetus to become more proficient in the basic Applied Kinesiology procedures. By the Summer of 1975 I was qualified for diplomate status. Treatment successes (and in some instances, failures) using Dr. Goodheart's information on the original forty-five muscles placed an increasing demand on me for information on muscle groups beyond that already available. By 1975 it was apparent that Dr. Goodheart was involved in many other research projects, and if further information on muscle therapeutics was to be forthcoming, it would be through personal research efforts. With these considerations in mind I undertook the task of researching and presenting this information for the other members of the profession. The process was slow and difficult at first, but by following some of the concepts Dr. Goodheart originally presented and by constantly testing and monitoring results, a measure of understanding was achieved.

The information that follows represents four years of clinical research into muscle testing and treatment using Applied Kinesiology procedures. It is provided to supplement existing information regarding diagnosis and treatment of muscular hypokinesia using Applied Kinesiology. Further information about Applied Kinesiology can be obtained from the International College of Applied Kinesiology, 542 Michigan Building, Detroit, Michigan 48226.

Introduction

In order to preserve the trademark and originality of Dr. George Goodheart's work in Applied Kinesiology, this series is titled *Clinical Kinesiology*. Clinical Kinesiology refers to observations and findings which have proven to be consistent and practical over a period of time within an Applied Kinesiological clinical practice.

The work that follows is an outgrowth of such research by Alan G. Beardall, D.C , in his personal practice at Lake Oswego, Oregon, and is not intended to reflect a consensus of information or opinion in the field of Applied Kinesiology. It is hoped that sharing this information will help improve musculoskeletal diagnosis and treatment and will give us a better understanding of the complexity of this marvelous vehicle we call the body.

This book is first in a series of workbooks titled *Clinical Kinesiology*. Each workbook will contain information about muscles pertaining to a given region of the body. Thus, *Muscles of the Low Back and Abdomen* concerns those muscles linking the ribcage and pelvis as a functional unit. Other workbooks will be presented in the following order:

II.	Muscles of the Pelvis and Thigh
III.	Muscles of the TMJ, Hyoid and Other Cervical Muscles Including Cranial Manipulation
IV	Muscles of the Upper Extremities and Shoulder
V.	Muscles of the Lower Extremities, Calf and Foot
VI.	Muscles of the Thorax and Neck

Each workbook will contain muscle worksheets which identify factors contributing to muscular hypokinesia. The worksheets are very similar to those used in our office and provide what we feel is the basic information necessary to diagnose and effectively treat a local muscle aberration. The information is laid out so that items in regular print are most pertinent to the anterior surface of the body (while patient is supine) and items in italics pertain to the posterior surface of the body (while patient is prone). It is stressed that this is a workbook only and is designed for clinical application. A further explanation of its contents and of the procedures for evaluation and treatment of muscle and cranial dysfunction, visceral organ reflexes, lymphatics, gait and cloacal imbalances, etc. is available in the *Clinical Kinesiology Instruction Manual.* Further information about Applied Kinesiological procedures may be obtained in the works of Goodheart,[2] Walther [3] and [4]Stoner

[1]Beardall, Alan, D.C. *Clinical Kinesiology*. Instruction Manual, Clinical Kinesiology 1551 Pacific Hwy Woodburn, Oregon 97071

[2]Goodheart, George D.C. *Applied Kinesiology*, Workshop Procedural Manual, Annual Research Supplements, 542 Michigan Building, Detroit, Michigan 48226.

[3]Walther, David, D.C *Applied Kinesiology, The Advanced Approach to Chiropractic*, Systems D.C., 275 W. Abriendo, Pueblo, Colorado 81004.

[4]Stoner, Fred, D.C. *The Eclectic Approach to Chiropractic*, F.L.S. Publishing Co., Las Vegas, Nevada.

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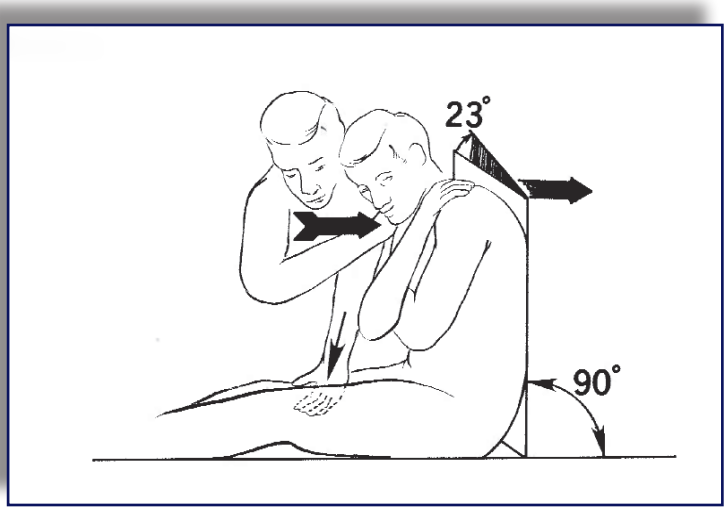
Chapter I:

Kinesiological Testing and Examination Procedure

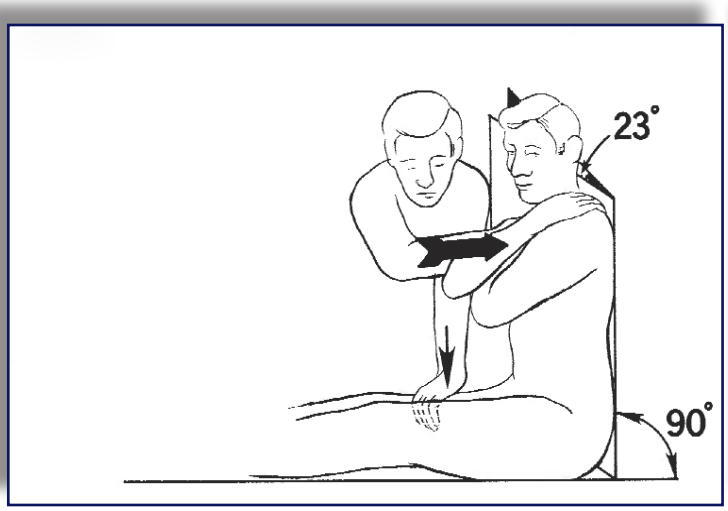
Group I

Muscle Affecting Abdomen, Patient Sitting, Dr. at side of Table

690 Pyramidalis



700 Rectus Abdominis, First Division



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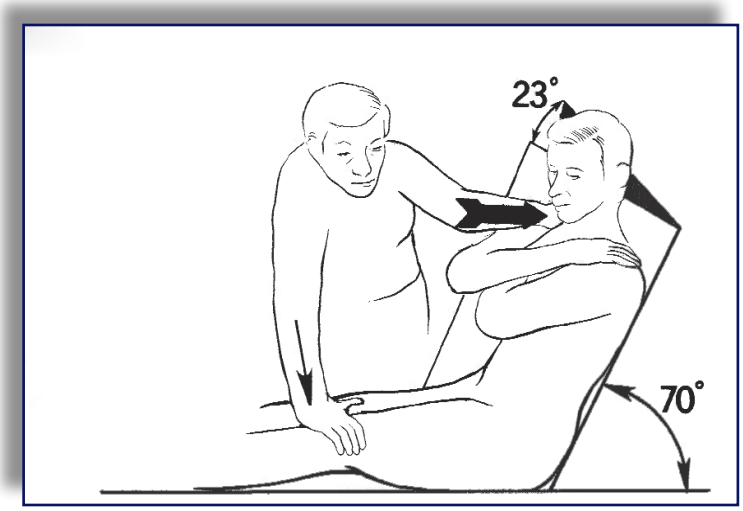
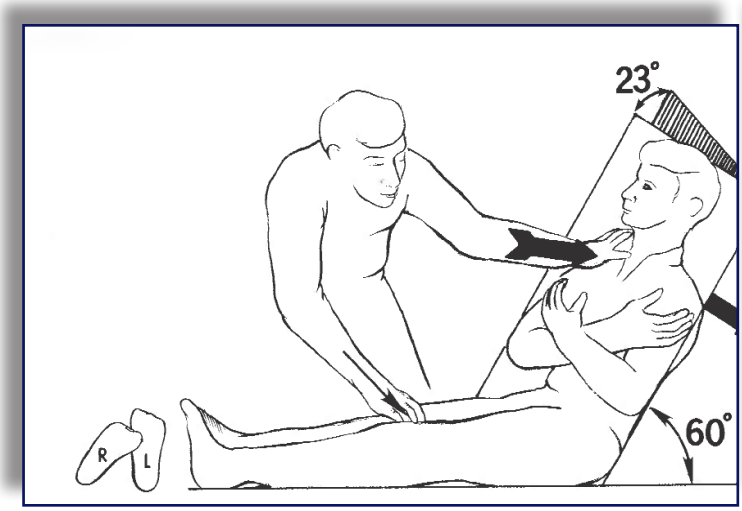
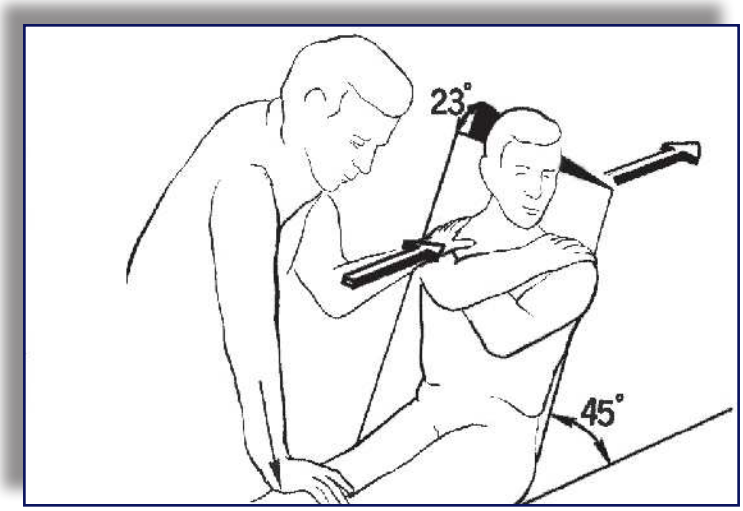


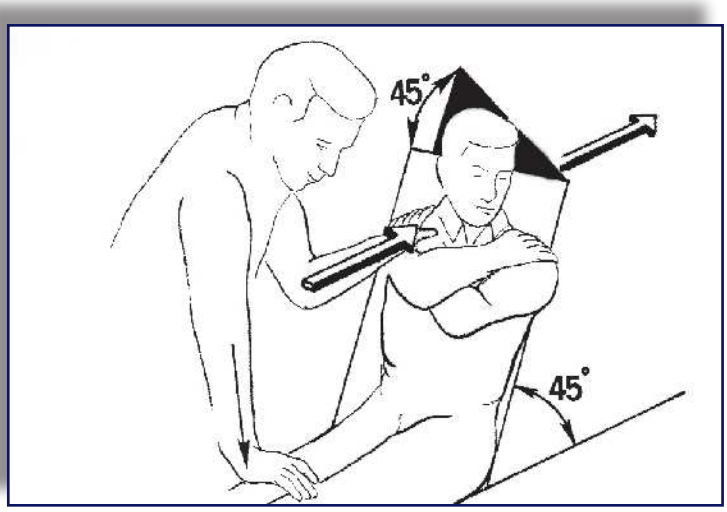
704 Rectus Abdominis Third Division



728 Psoas Minor



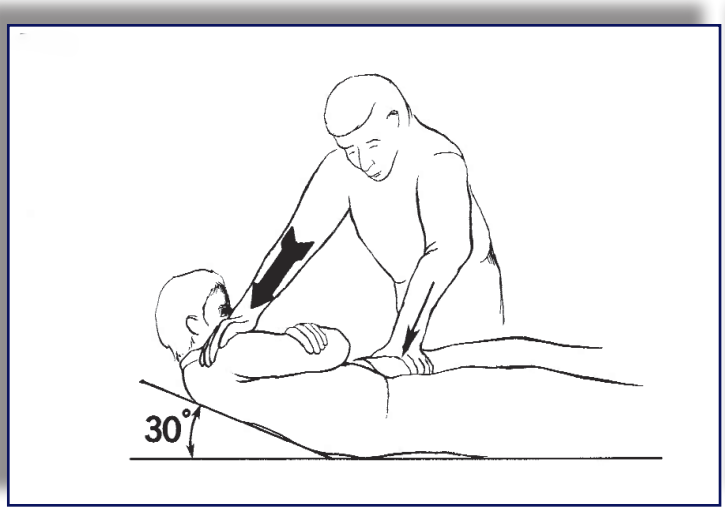
706 Rectus Abdominis Fourth Division, Medialis



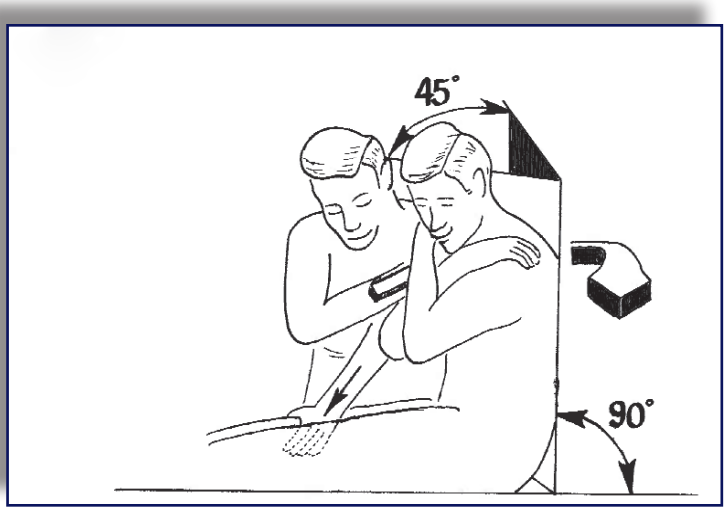
708 Rectus Abdominis Fourth Division, Lateralis

Group II

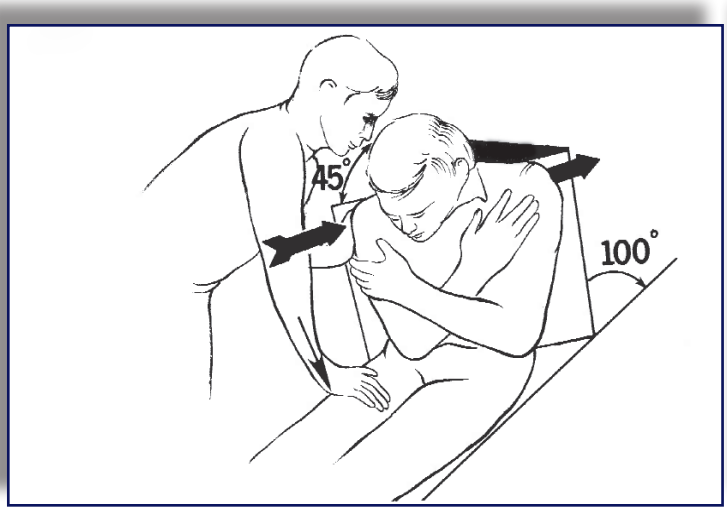
Muscle Affecting Abdomen, Patient sitting, Dr. at Side of Table



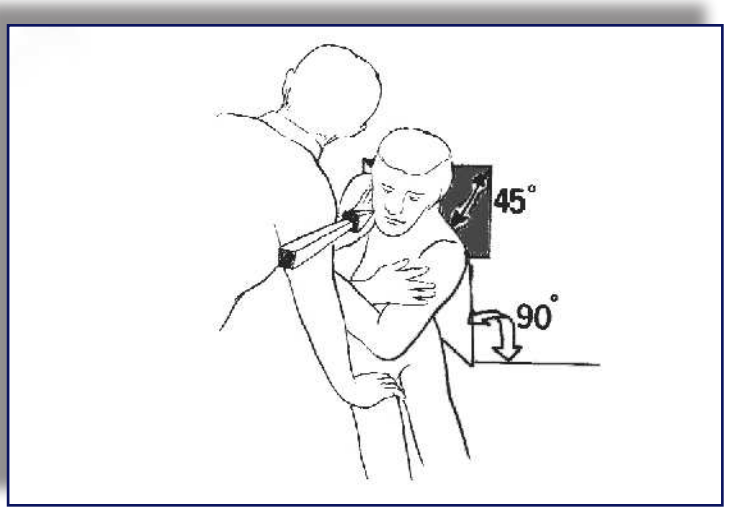
714 Transverse Abdominis, (Upper Division)



692 Obliquus Externus Abdominis (Anterior)



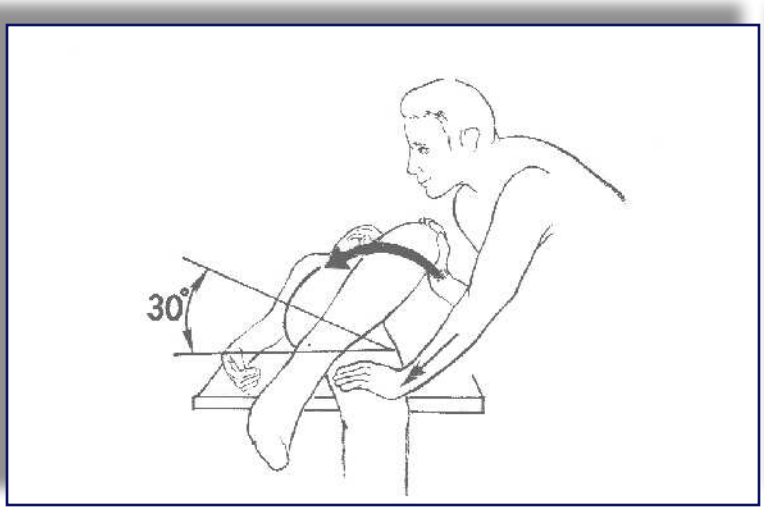
698 Obliquus Internus Abdominis (Lateral)



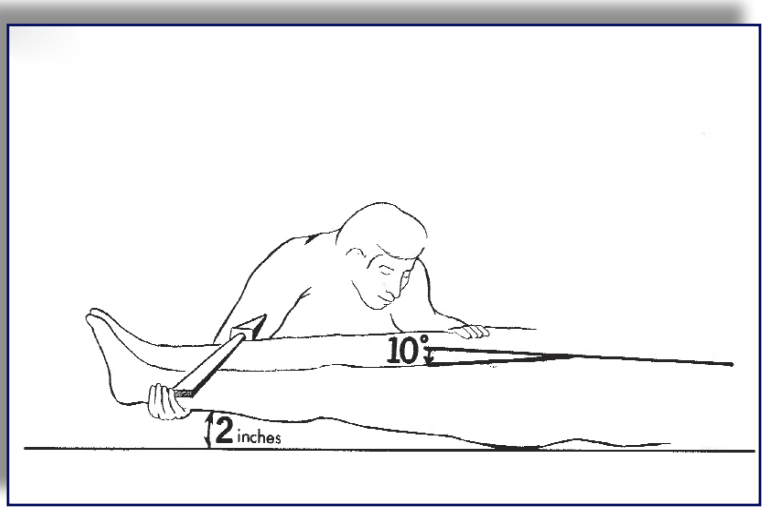
696 Obliquus Internus Abdominis (Anterior)

Group III

Muscle Affecting Abdomen, Patient Sitting, Dr. at side of Table



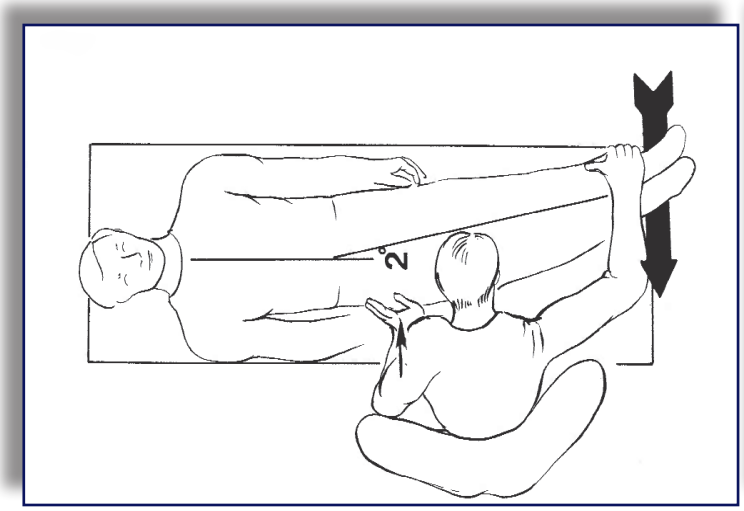
718 Transverse Abdominis, (Lower Division)



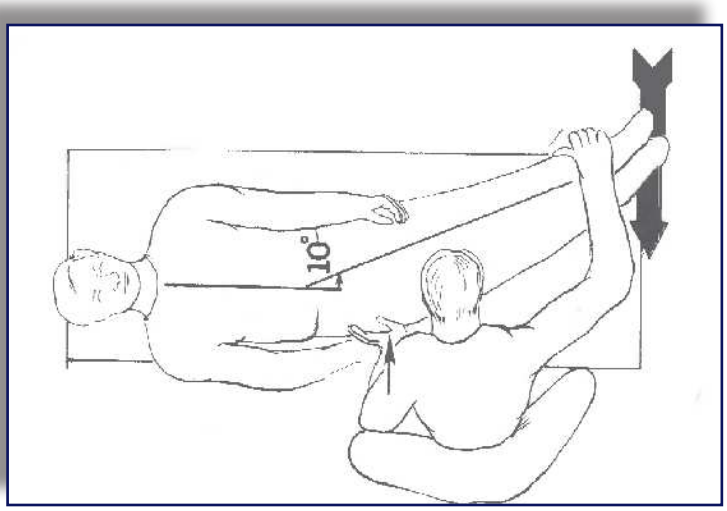
694 Obliquus Externus Abdominis (Lateral Division)

Group IV

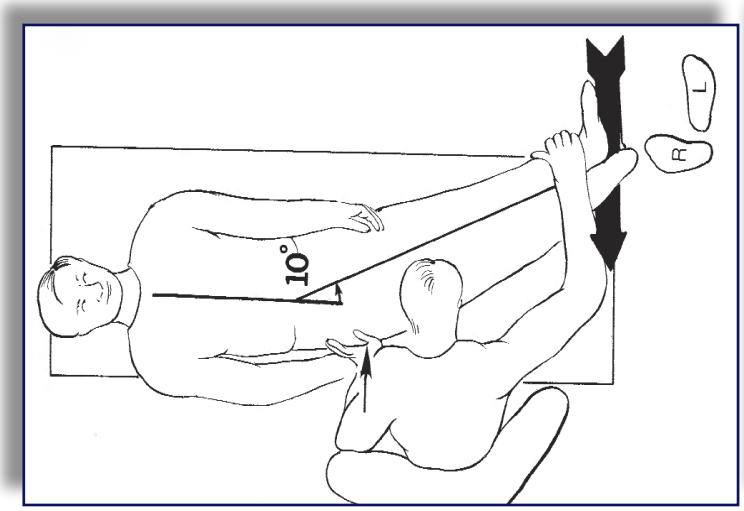
Muscle Affecting Lower Back, Patient Supine, Dr. at side of Table
(Test one hand on feet, the other hand on greater trochanter)



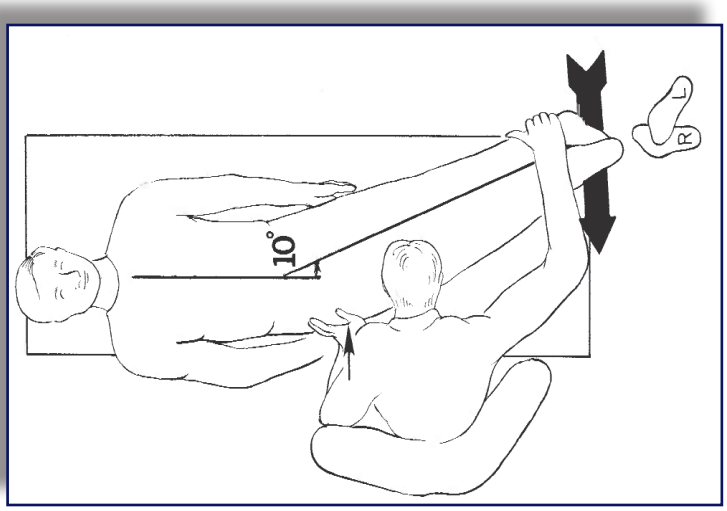
730 Quadratus Lumborum, (Costal Division)



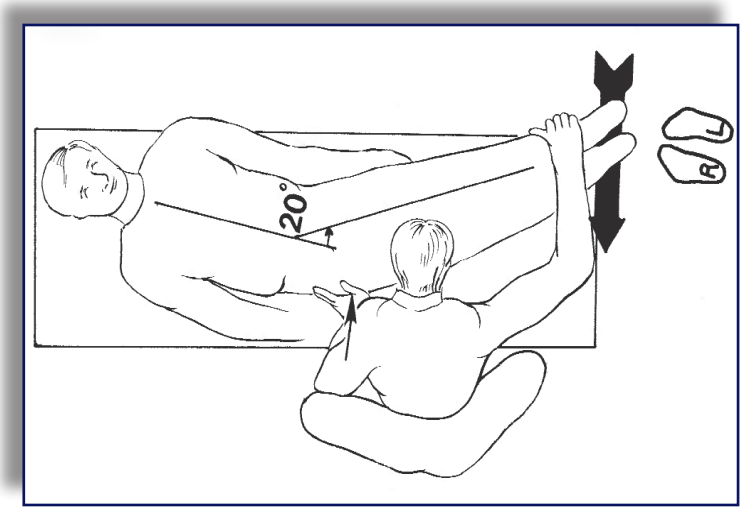
732 Quadratus Lumborum, (Spinal/Lumbar Division)



734 Multifidus, (Lumbosacral Division)



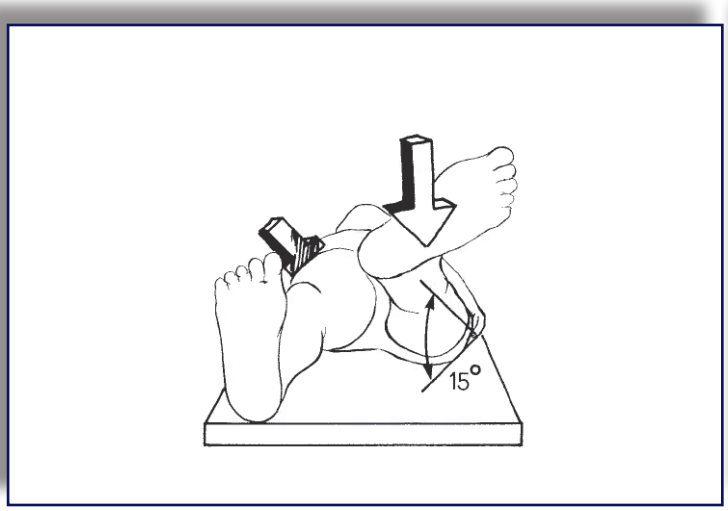
736 Iliocostalis Lumborum



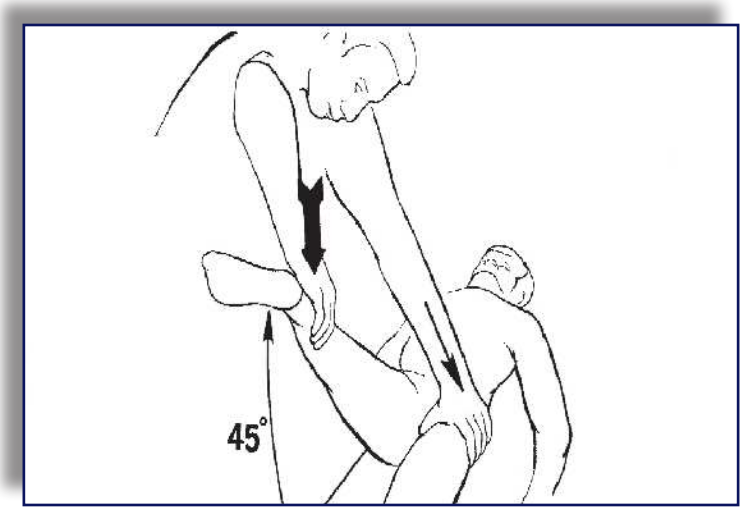
738 Longissimus Lumborum

Group V

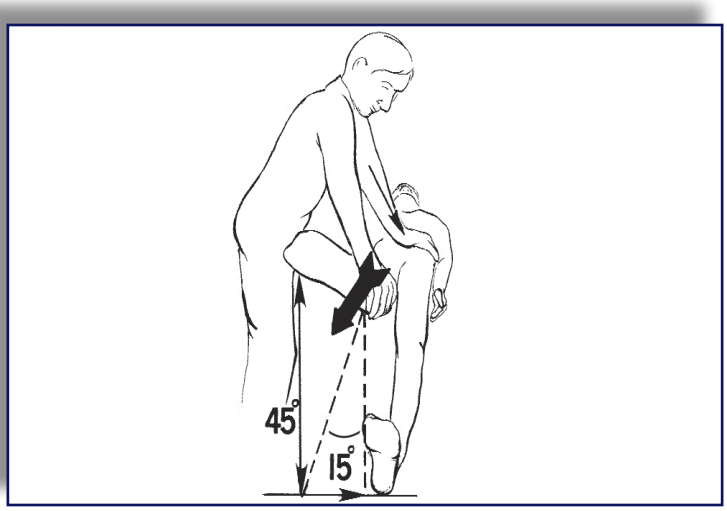
Muscle Affecting Lower Back/Hip, Patient Supine, Dr. at Side of Table



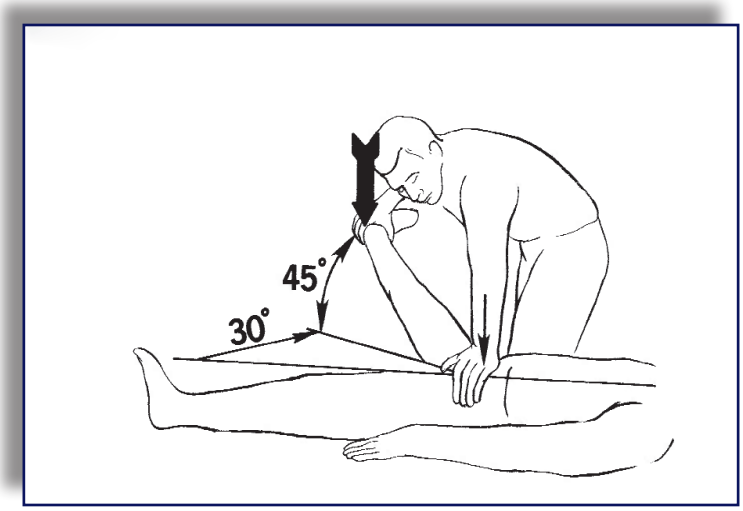
798 Pectineus



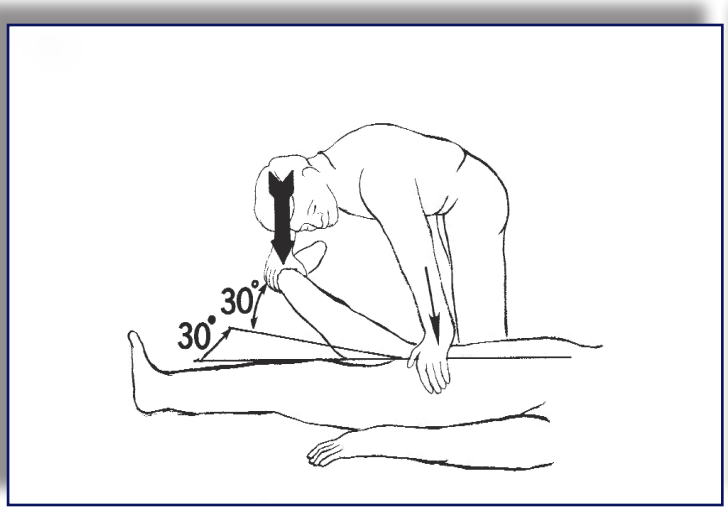
710 Iliacus



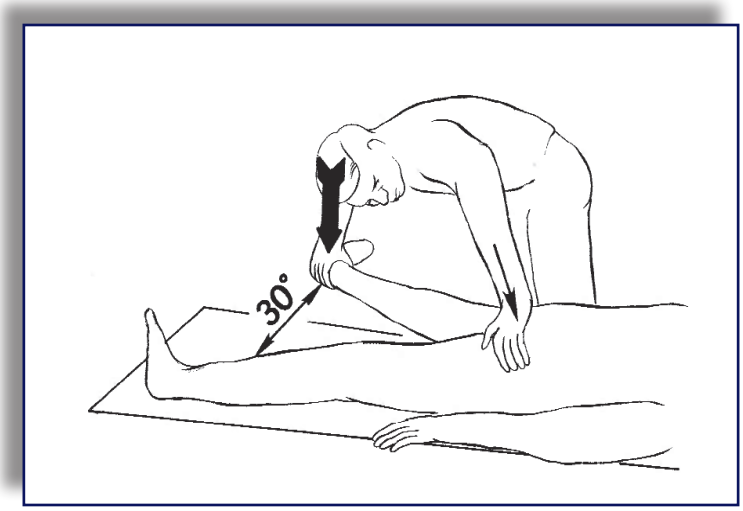
712 Iliacus Minor



722 Psoas Major (Lumbar Division)



724 Psoas Major (Thoracic Division)



726 Psoas Major (Diaphragmatic Division)

Chapter II:

Reflexes

Cranial Reflexes

Superior

Neurovascular Reflex

Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Cranial Reflexes

Anterior

Neurovascular Reflex

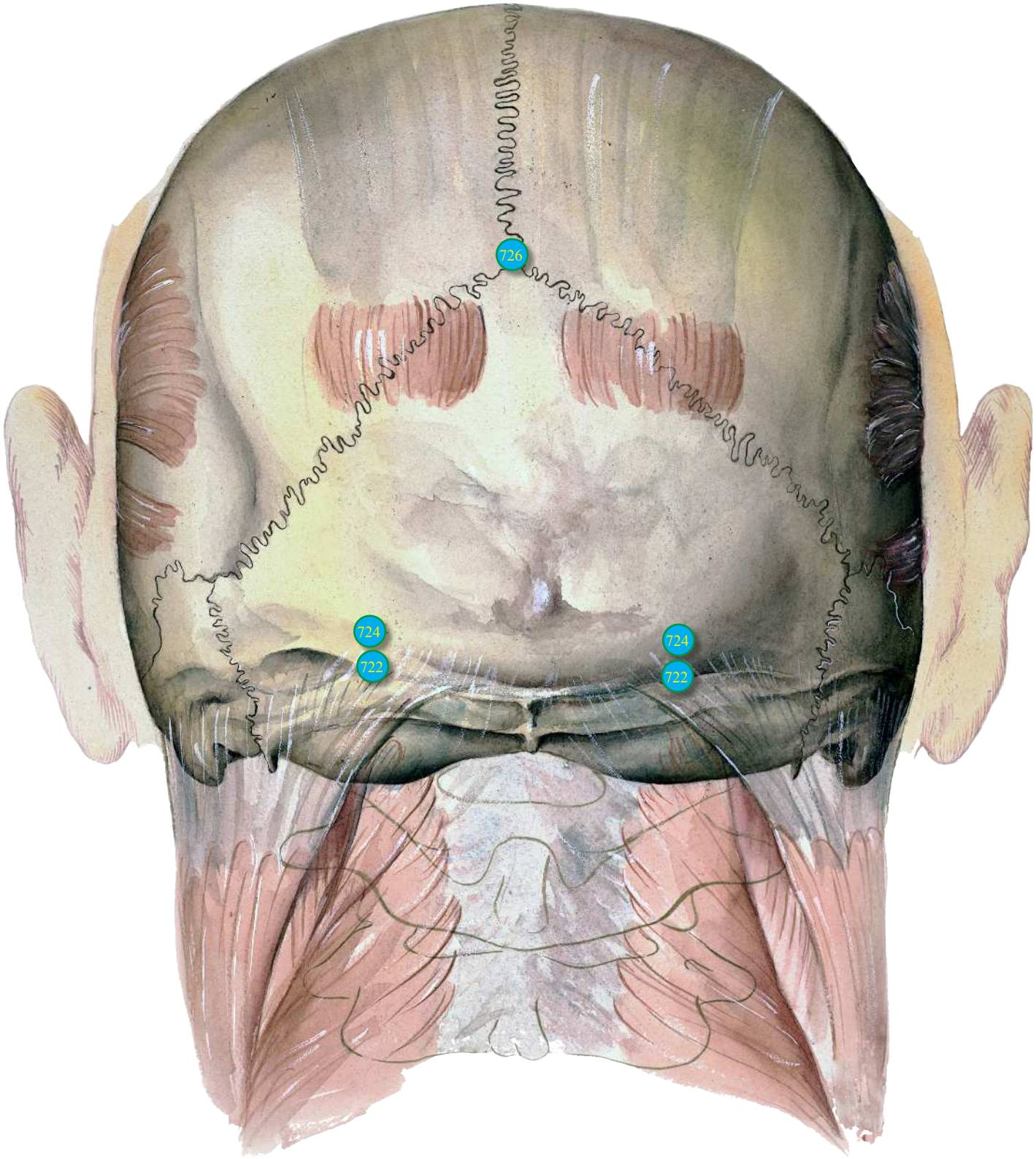
Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Cranial Reflexes

Posterior



Neurovascular Reflex

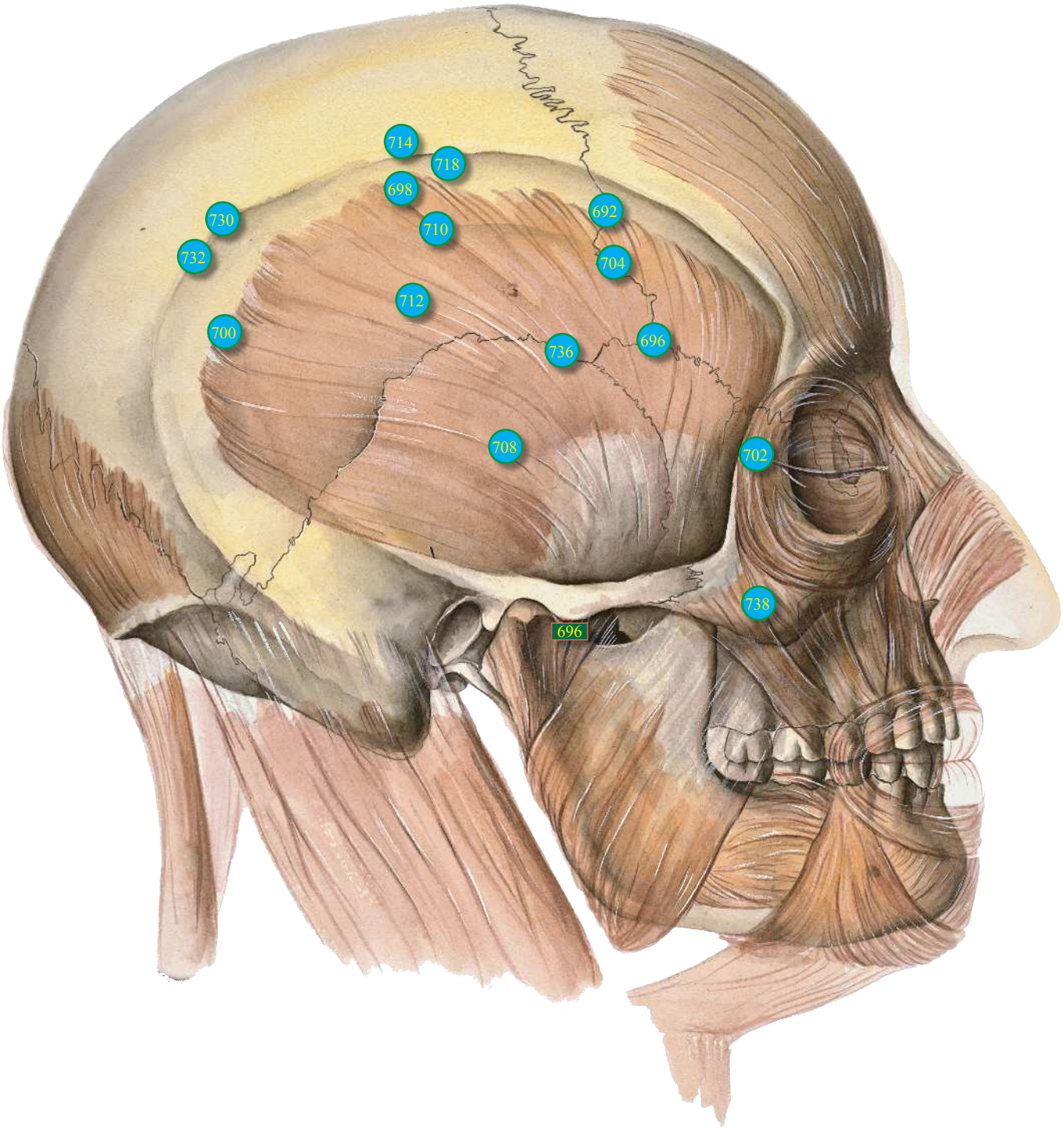
Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Cranial Reflexes

Right Lateral



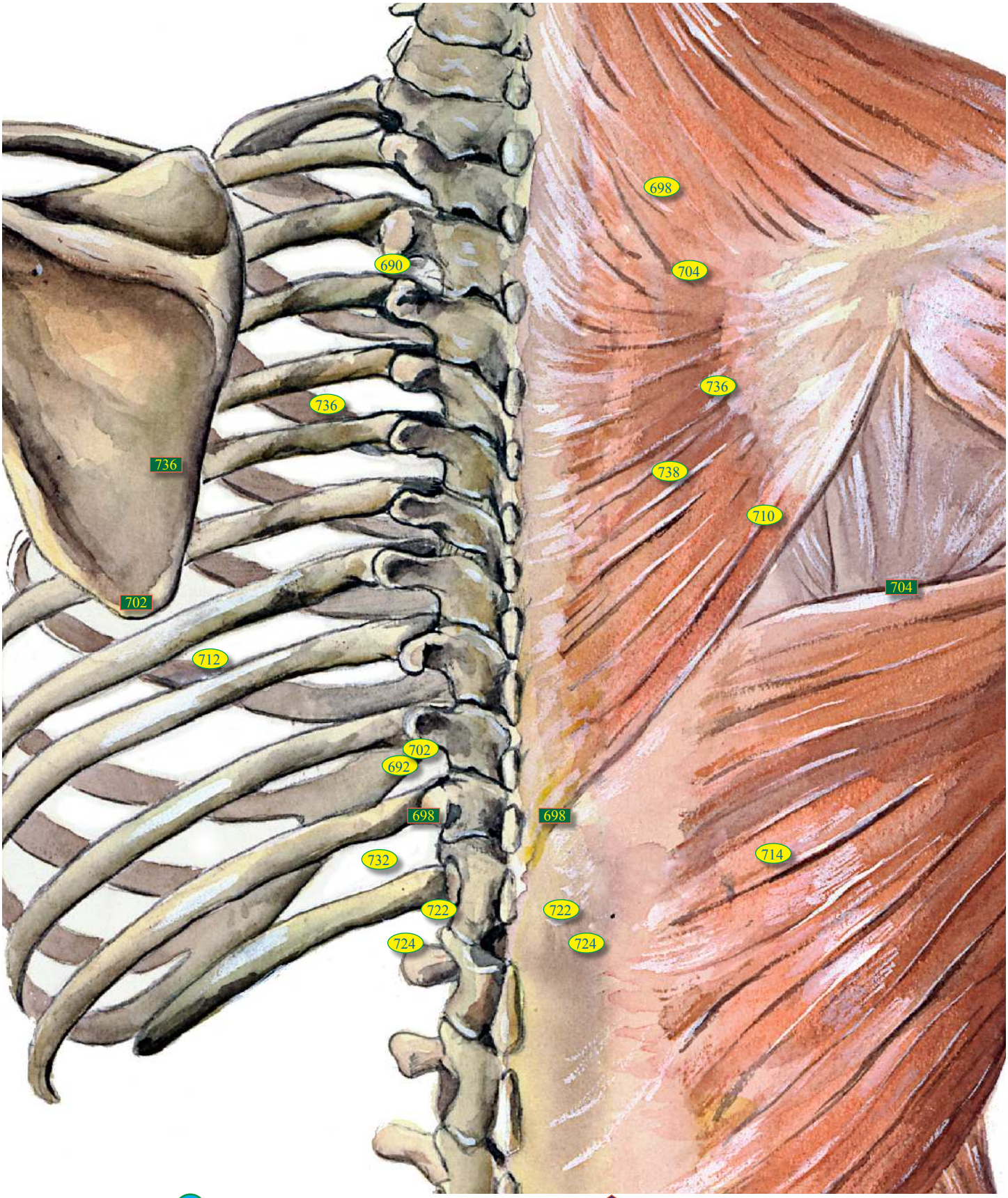
Neurovascular Reflex

Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

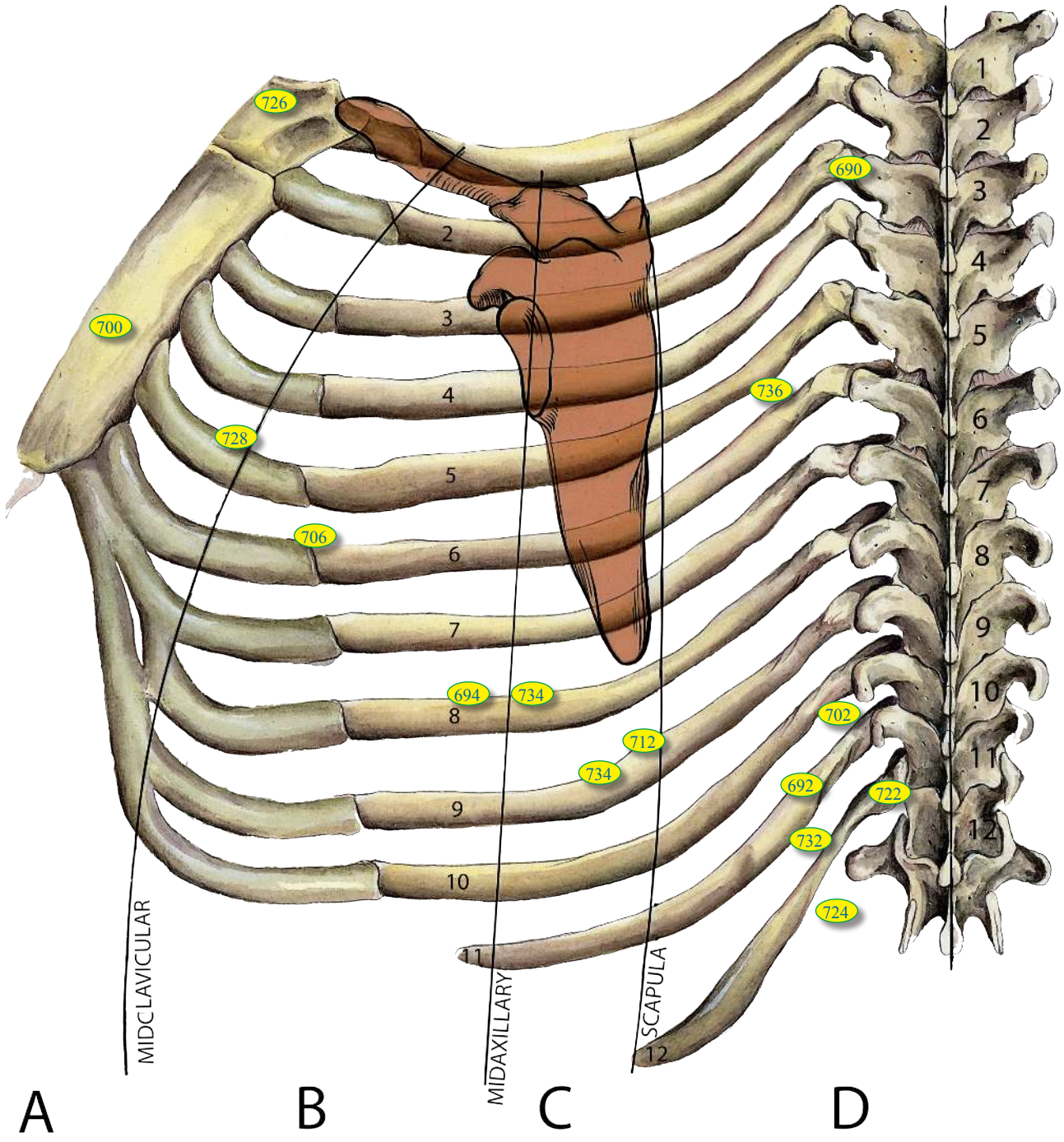
Thoracic Reflexes
Posterior



Neurovascular Reflex
Neurolymphatic Reflex
Acupuncture Reflex
Visceral Organ Reflex

Thoracic Reflexes

Left Side



Neurovascular Reflex

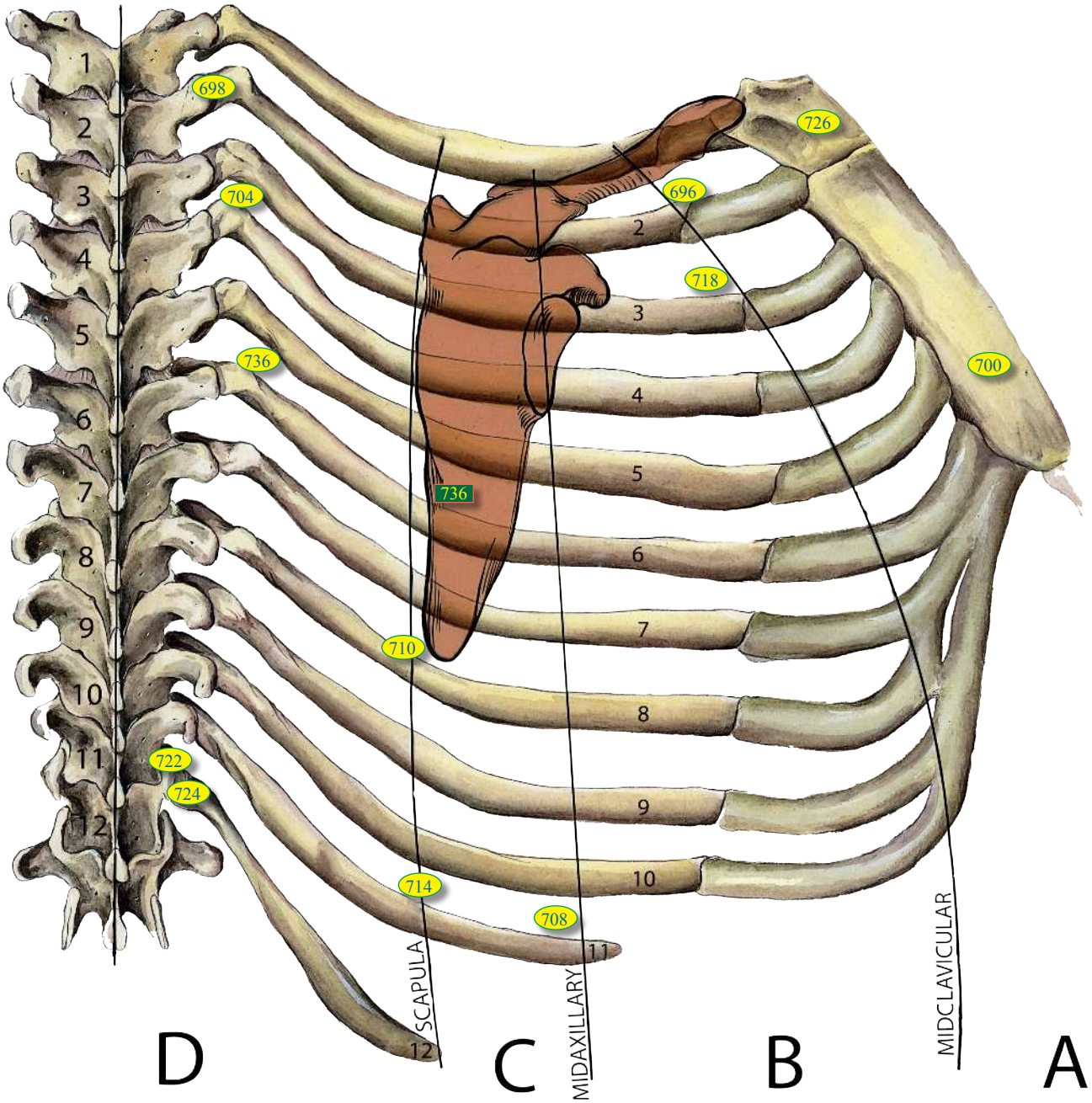
Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Thoracic Reflexes

Right Side



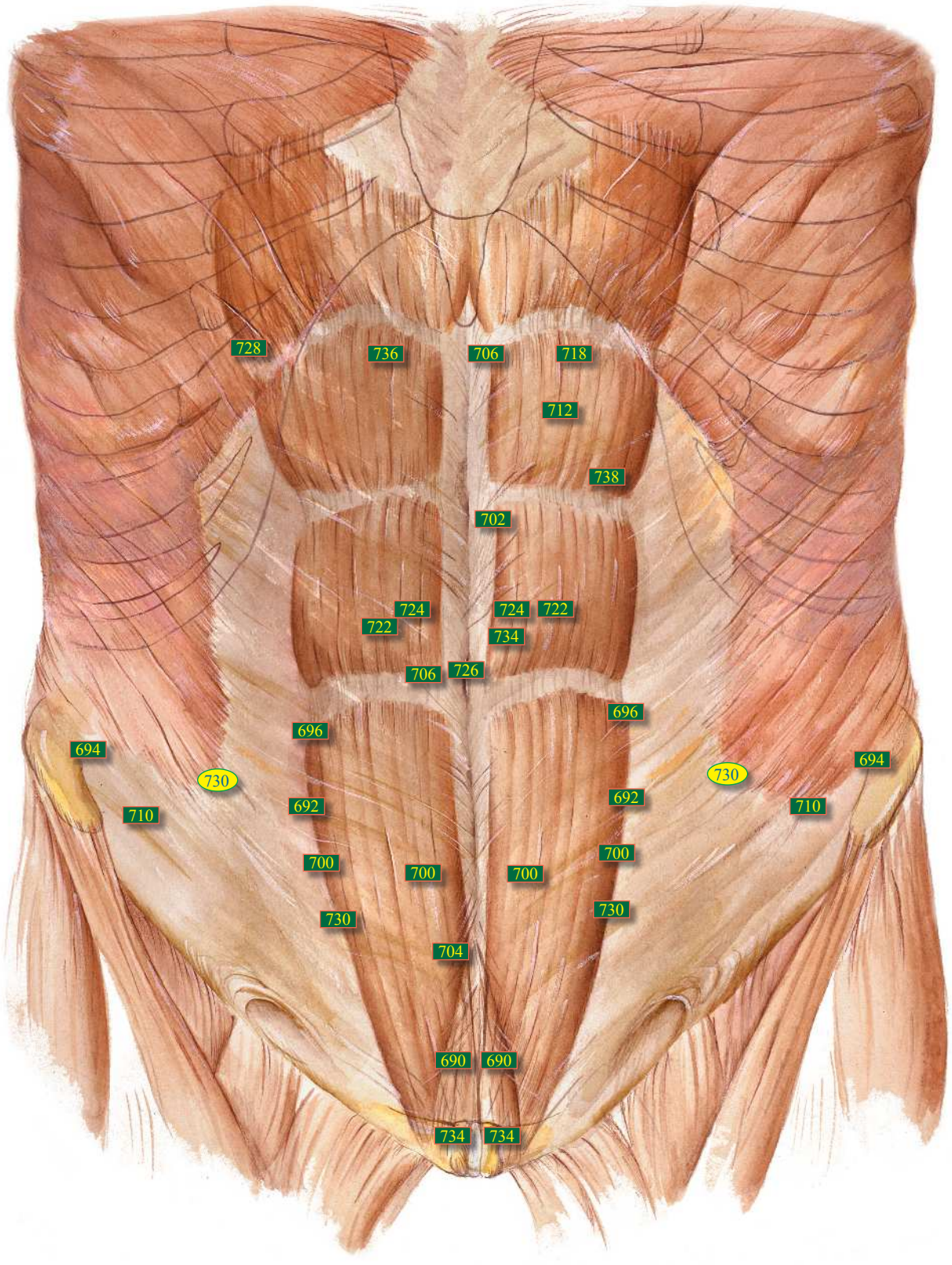
Neurovascular Reflex

Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Abdominal Reflexes



Neurovascular Reflex

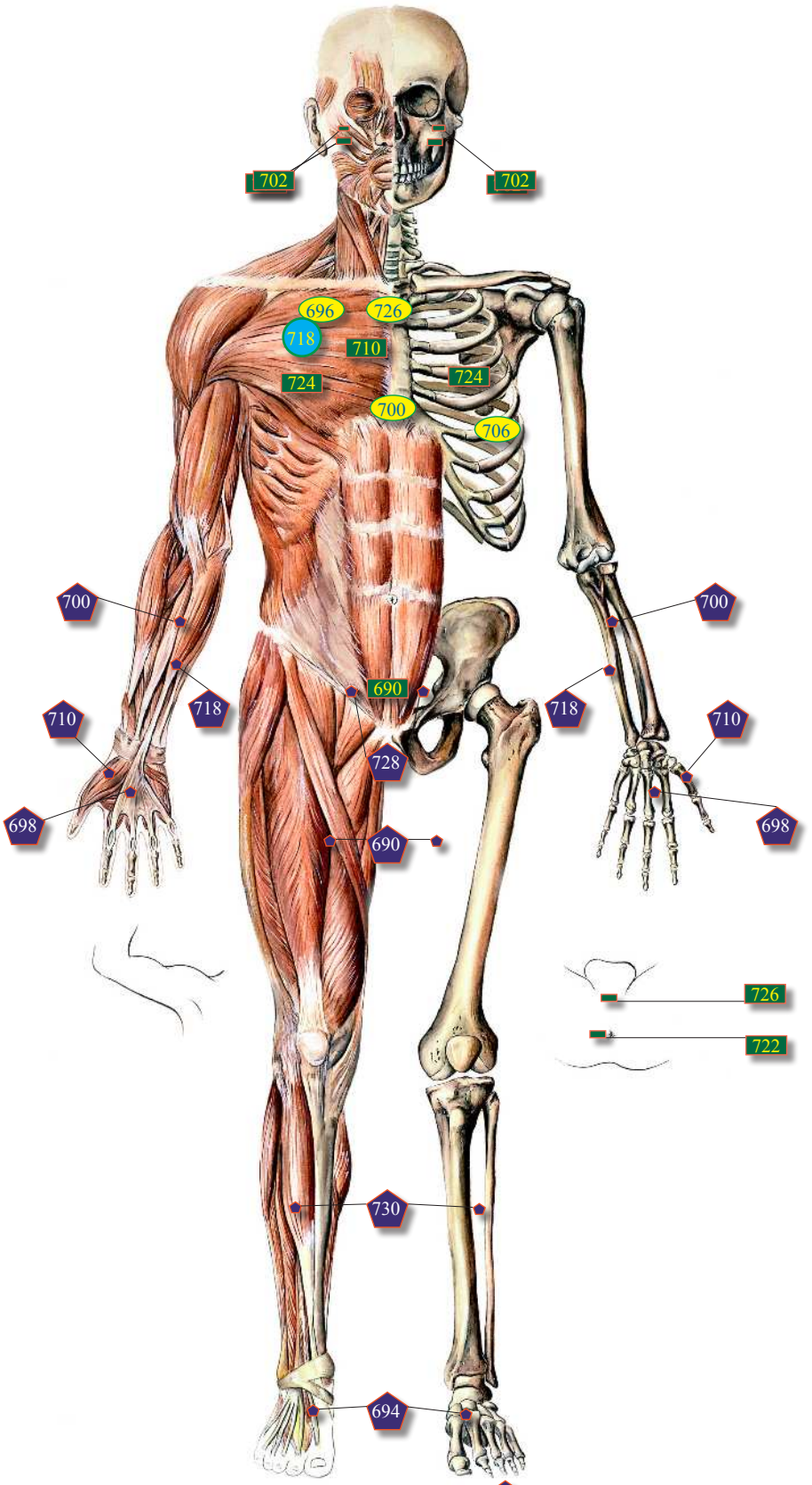
Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Body Zone Reflexes

Anterior



Neurovascular Reflex

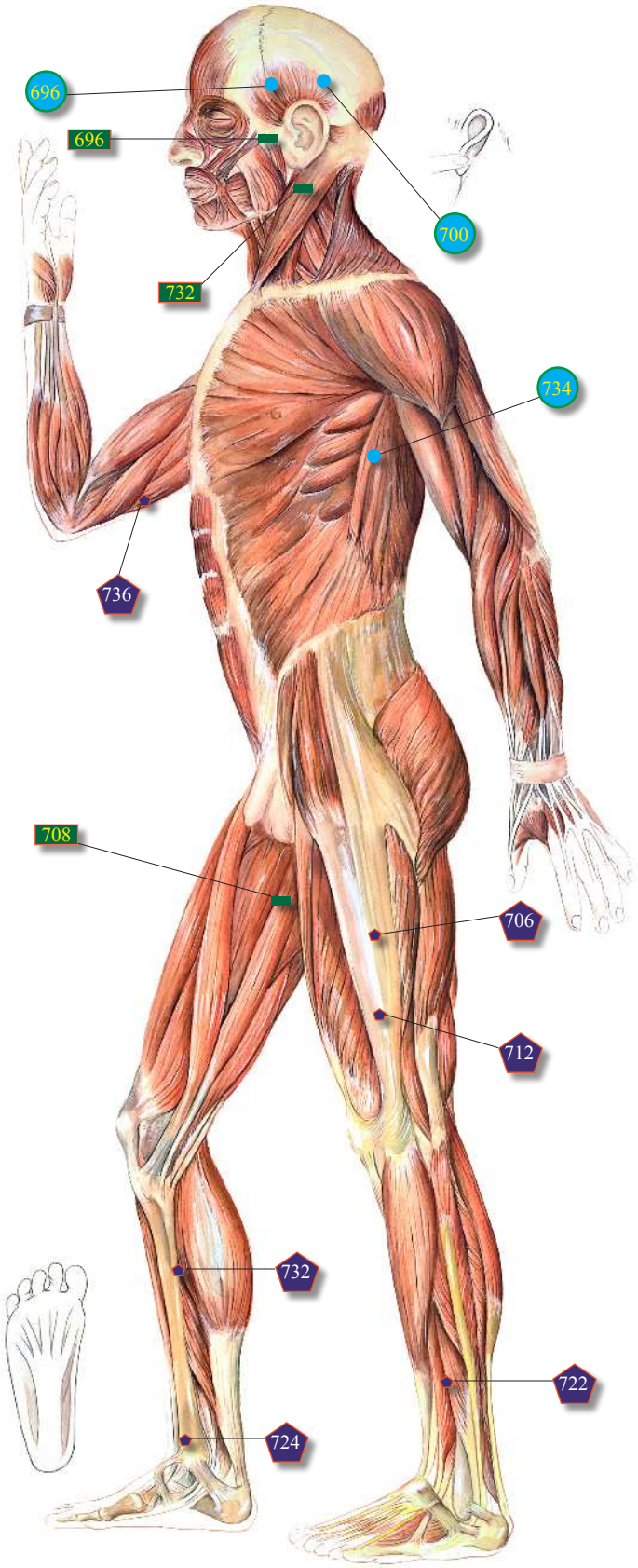
Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Body Zone Reflexes

Lateral



Neurovascular Reflex

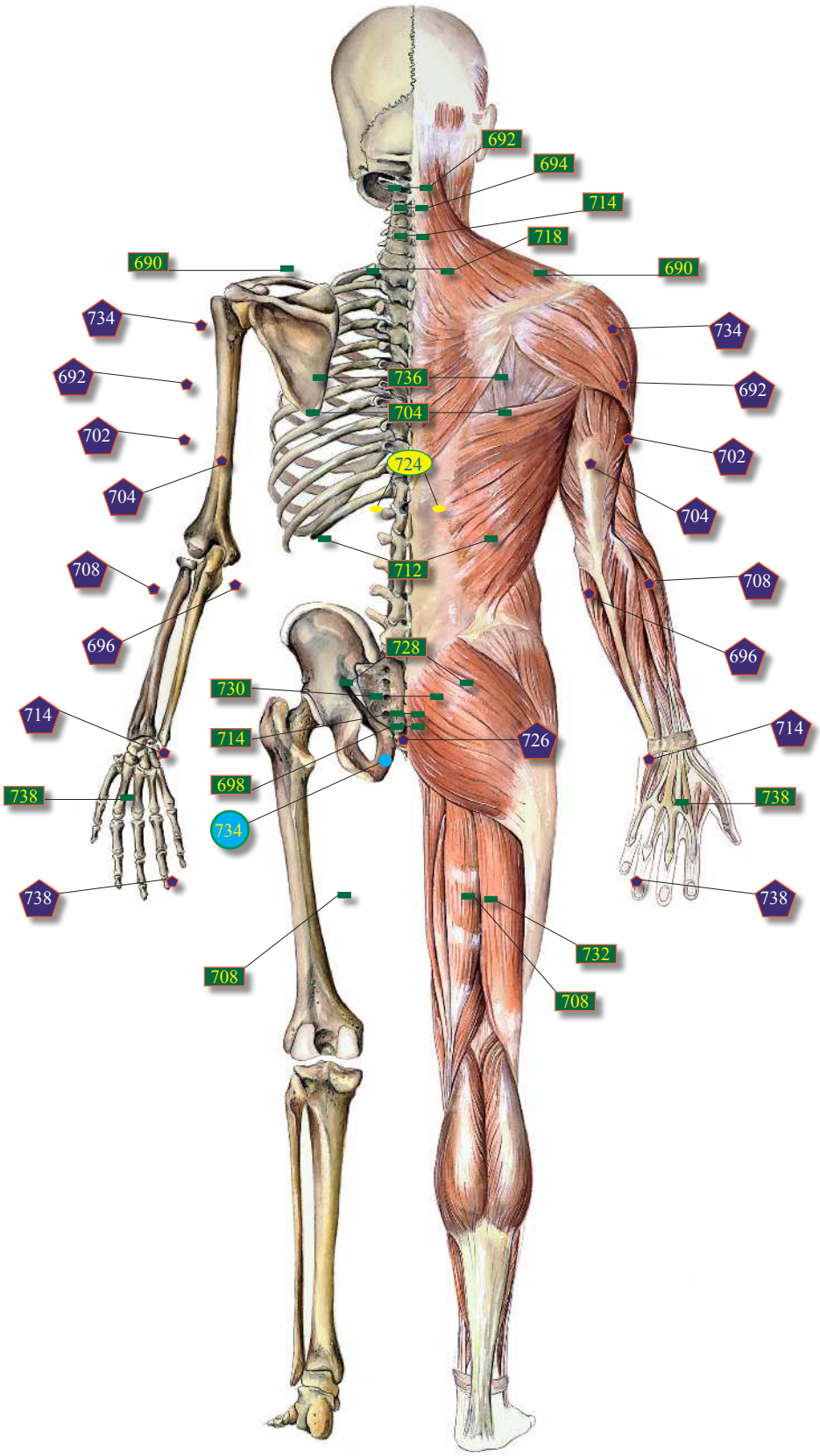
Neurolymphatic Reflex

Acupuncture Reflex

Visceral Organ Reflex

Body Zone Reflexes

Posterior



Neurovascular Reflex

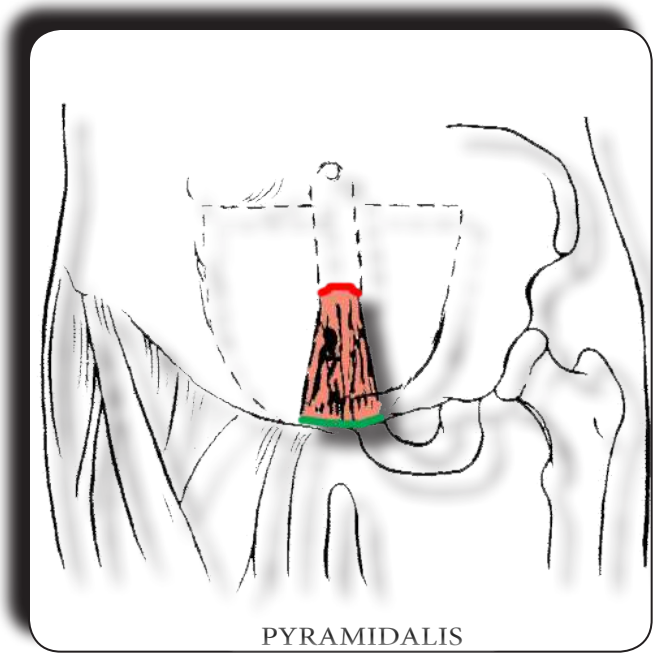
Acupuncture Reflex

Neurolymphatic Reflex

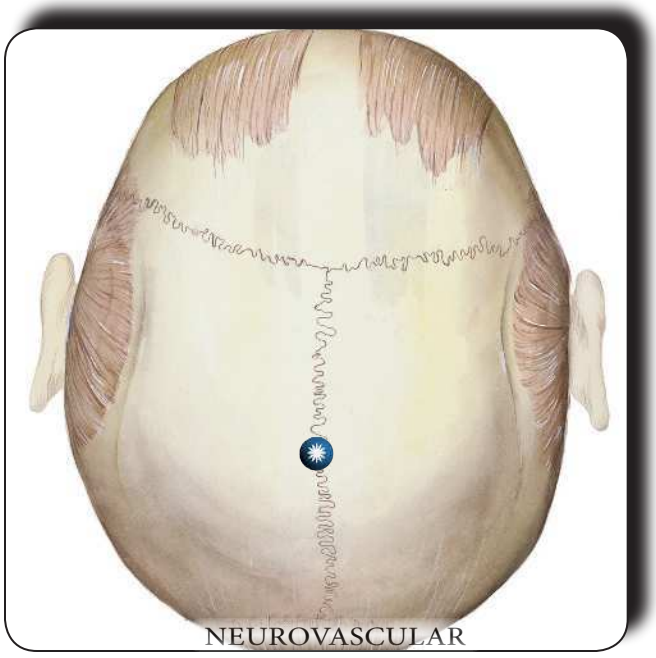
Visceral Organ Reflex

Chapter III:

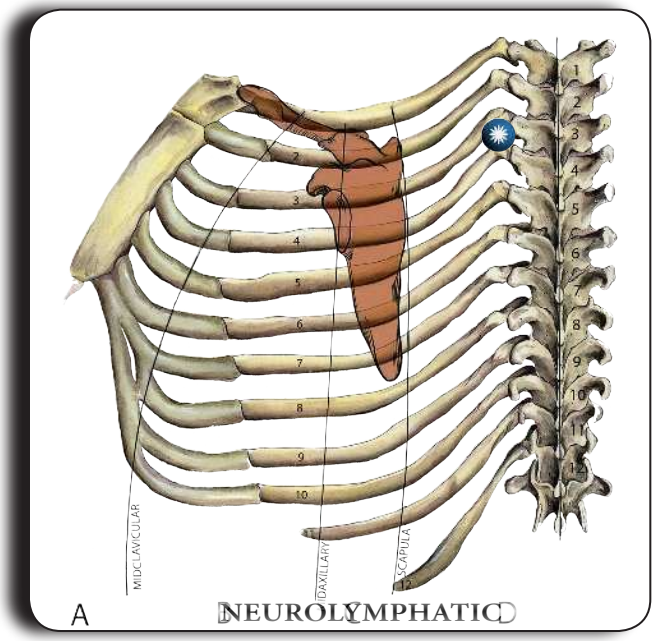
Muscles Low Back and Abdomen



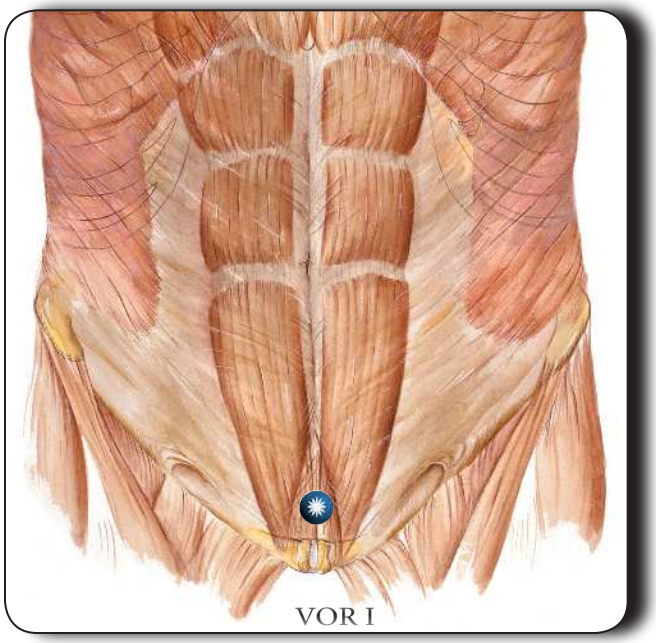
PYRAMIDALIS



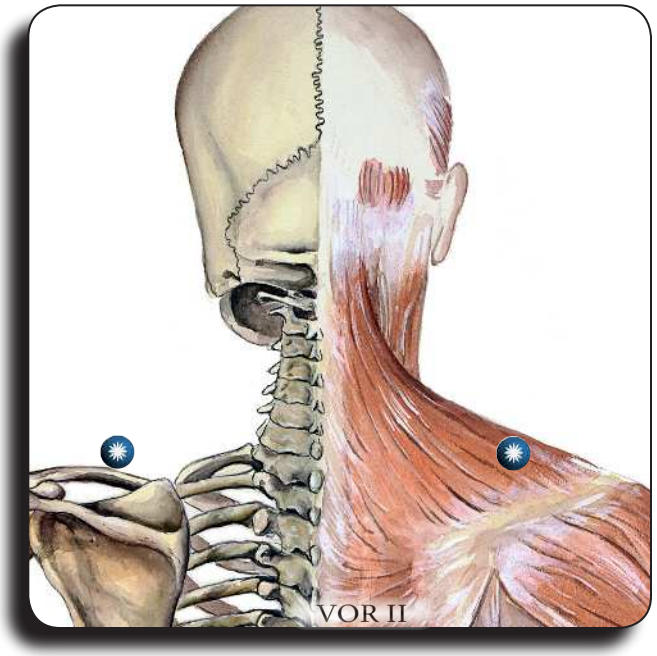
NEUROVASCULAR



A NEUROLYMPHATIC



VOR I



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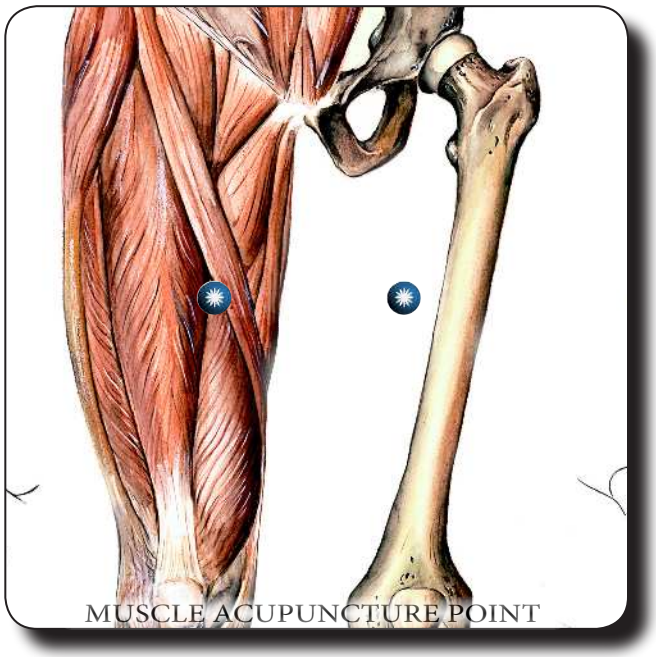


MUSCLE ACUPUNCTURE POINT

Muscle 690: PYRAMIDALIS

ORIGIN: Front of pubis and anterior pubic ligament.

INSERTION: Linea alba midway between pubes and umbilicus.

ACTION: Tense the linea alba.

TEST:

Patient: Supine, trunk flexed 110° and rotated 23° facing opposite knee; cross forearms on chest.

Doctor: Brace ipsilateral knee and with mid-clavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: Sagittal suture-halfway between anterior and posterior fontanel.

NEUROLYMPHATIC: (Post/L) 3rd ICS, just outside transverse process.

VISCERAL ORGAN

I. Bladder: 1st sec. Rectus abdominis near linea alba, 1/2" superior to pubes.

II. Nose: (Post/BL) Distal portion of Supraspinatus approximately 2" posterior to lateral 1/3 of clavicle.

M. A. P. : Sp11

V. L. : L3R

L. B. V.L. : C3R

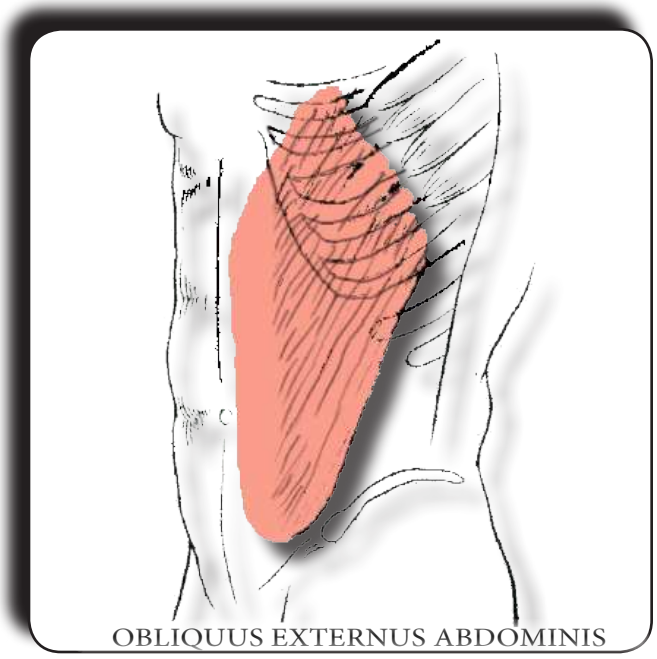
M. M. : T12

CRANIAL: Vomer

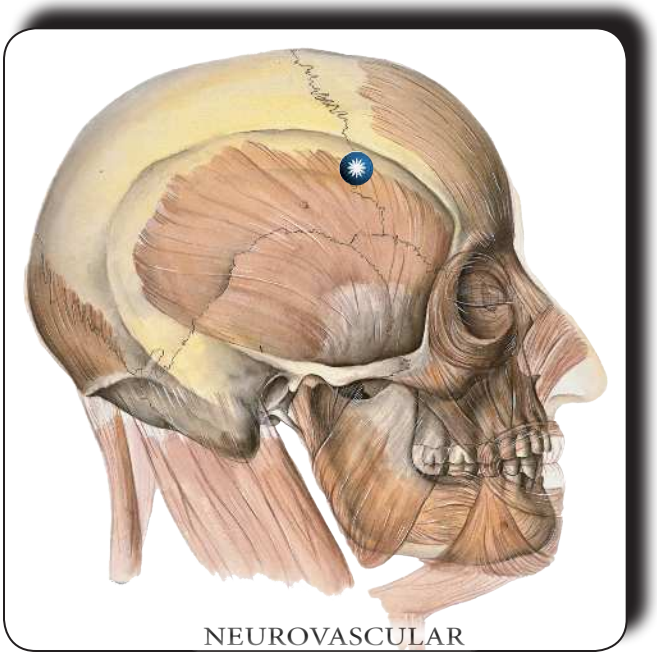
FOOT: 2nd Metatarsal

NUTRIENT SOURCES:

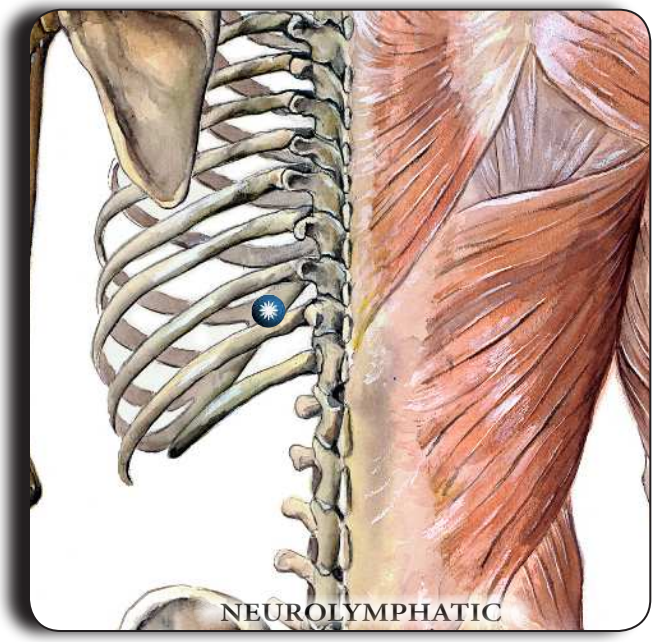
1. Core Level Heart (NW)
2. Core Level Kidney (NW)



OBLIQUUS EXTERNUS ABDOMINIS



NEUROVASCULAR



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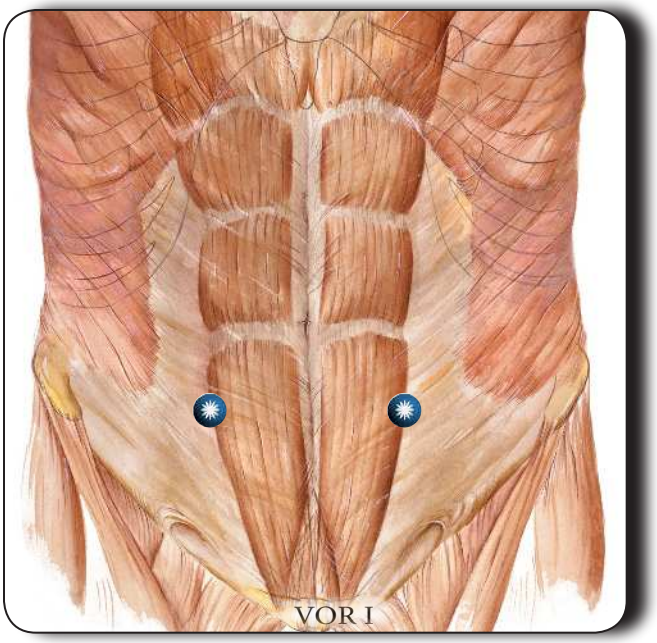

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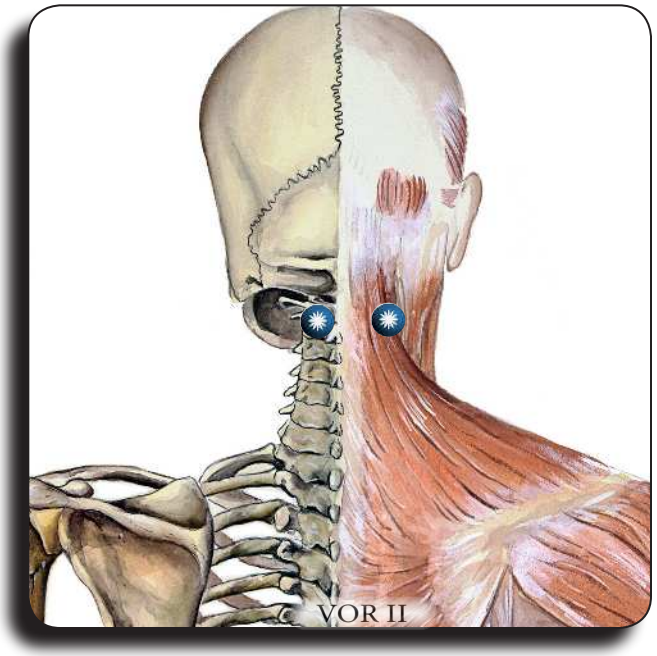

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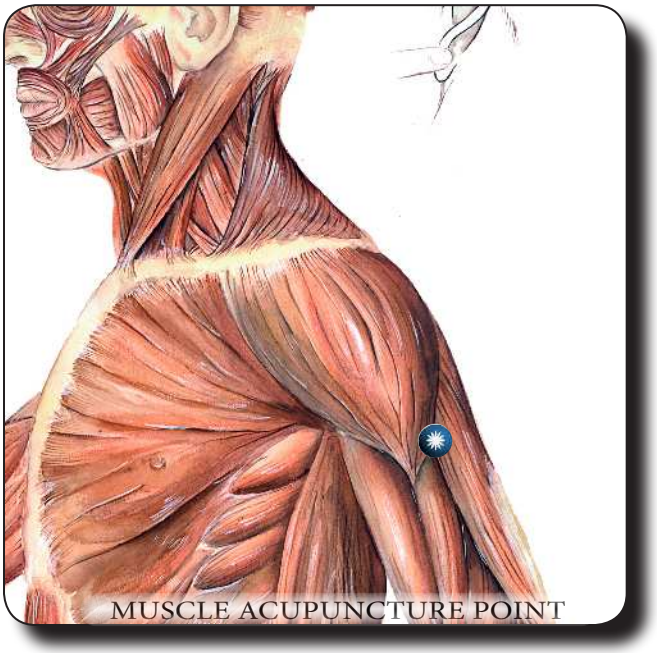


MUSCLE ACUPUNCTURE POINT

Muscle 692: OBLIQUUS EXTERNUS ABDOMINIS (Anterior Division)

ORIGIN: From anterior inferior surfaces of 5th through 10th ribs.

INSERTION: Aponeurosis of abdominal wall and into linea alba.

ACTION: Compress the abdominal contents. Flexion and rotates the spinal column to the contralateral side.

TEST:

Patient: Supine, trunk flexed 90° and rotated 45° facing opposite knee; cross forearms on chest.

Doctor: Brace ipsilateral knee and with coracoid contact, counter-rotate trunk

NEUROVASCULAR: Coronal suture-at the junction of Temporalis attachment.

NEUROLYMPHATIC: (Post/L) 10th ICS, 2" from spine.

VISCERAL ORGAN:

I. Colon - Ascending/Descending: (Ant/BL) Lateral border 1st section Rectus abdominis 1/2"-1" below level of umbilicus.

II. Frontal Sinuses: (Post/BL) Bladder meridian-posterior part of neck at level of atlas.

M. A. P. : Li14

V. L. : T11L

L. B. V.L. : C7L

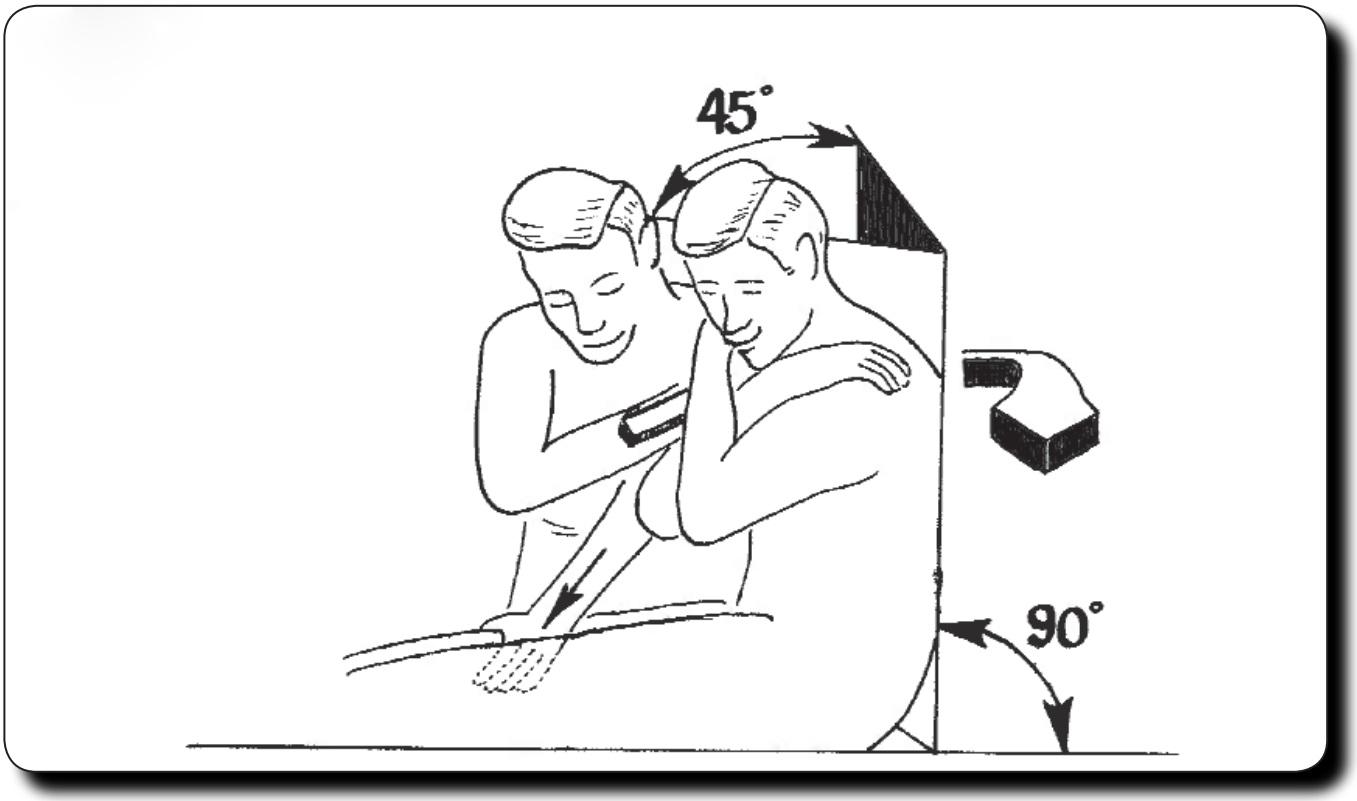
M. M. : T9

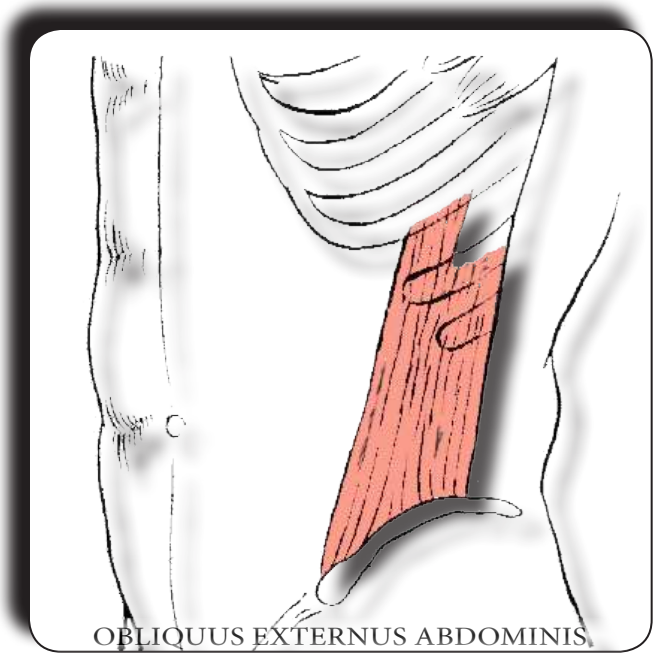
CRANIAL: Universal occiput

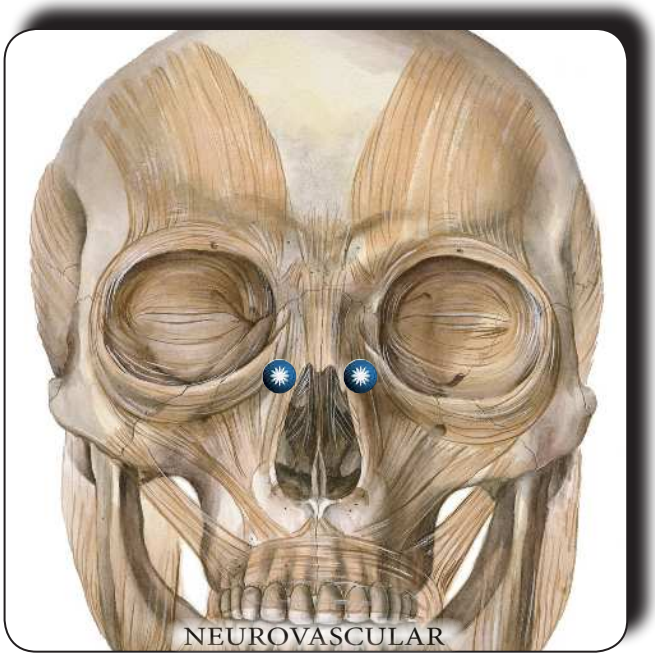
FOOT: Calcaneus

NUTRIENT SOURCE:

1. Core Level Heart Reserve (NW)
2. Core Level D-Tox (NW)




OBLIQUUS EXTERNUS ABDOMINIS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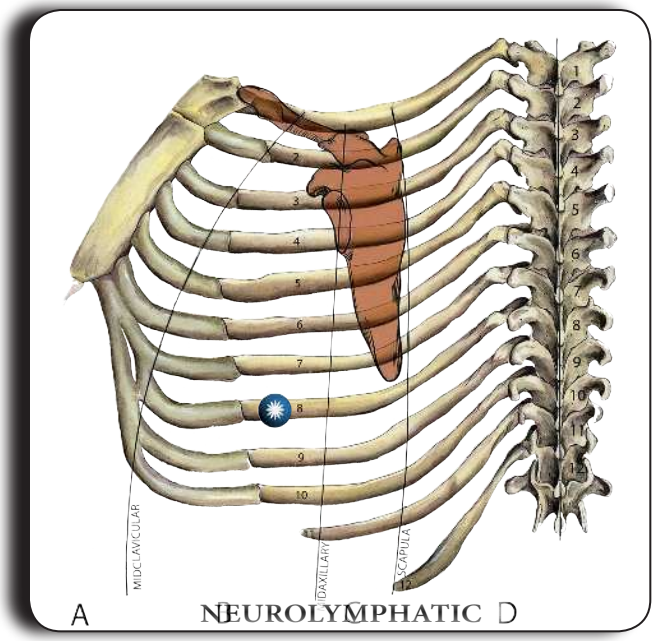
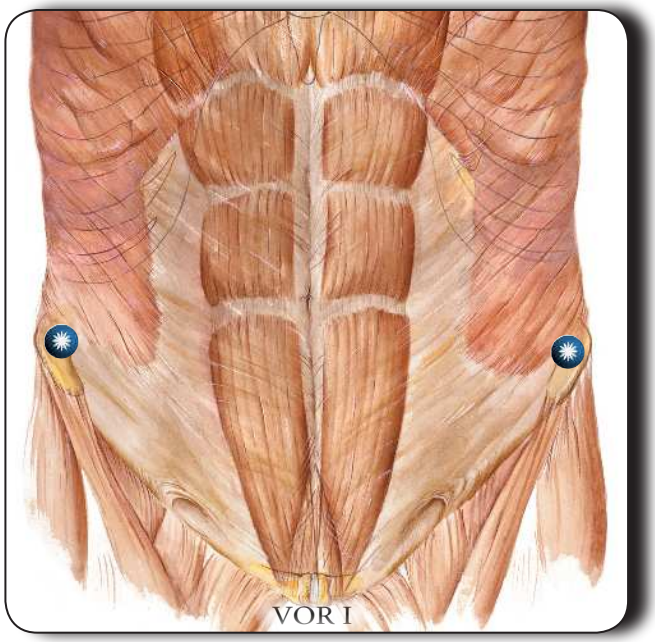
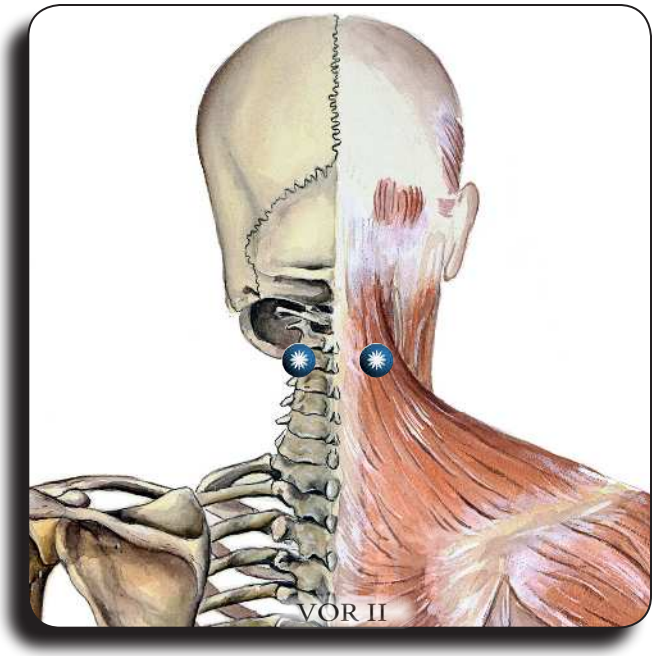

MIDCLAVICULAR
AXILLARY
SCAPULA
A
NEUROLYMPHATIC
D


VOR I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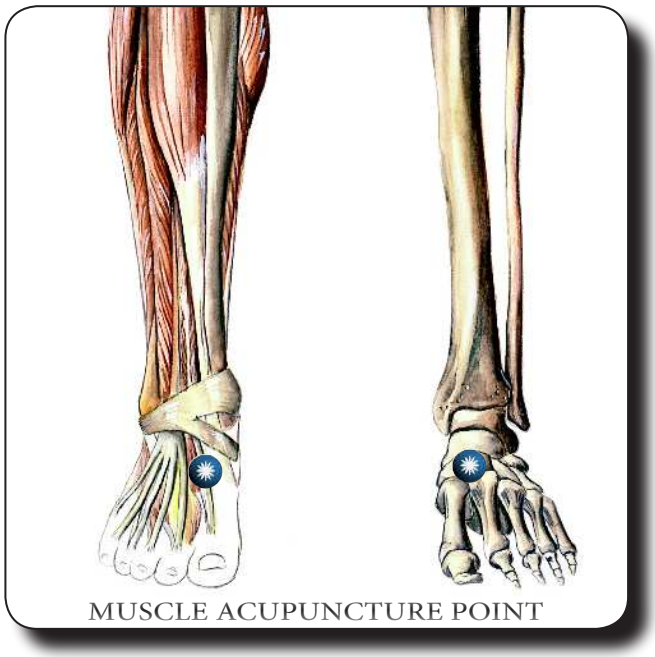

MUSCLE ACUPUNCTURE POINT

Muscle 694: OBLIQUUS EXTERNUS ABDOMINIS (Lateral Division)

ORIGIN: Lateral inferior portions of 3 lower ribs (fibers run vertically).

INSERTION: Anterior half of outer lip of iliac crest.

ACTION: With the pelvis fixed, it flexes the spinal column laterally. With the spinal column fixed, it flexes the pelvis laterally.

TEST:

Patient: Supine, centered on table, abduct both legs 10° ipsilaterally; elevate feet 2".

Doctor: Brace opposite greater trochanter, place arm under ankles and contact to adduct legs across table.

NEUROVASCULAR: (Ant/BL) Maxillary nasal suture at level of inferior aspect of orbit.

NEUROLYMPHATIC: (Lat/L) 7th ICS, 2" posterior to costocartilage Junction.

VISCERAL ORGAN:

I. Colon Lymphatics: (Ant/BL) G26. 5, medial to crest of ilium just superior to Sartorius insertion.

II. Sinuses (Sphenoid): (Post/BL) Cervical spine at C3, 1/2" lat. to spinous process.

M. A. P. : Lv3.5

V. L. : L1R

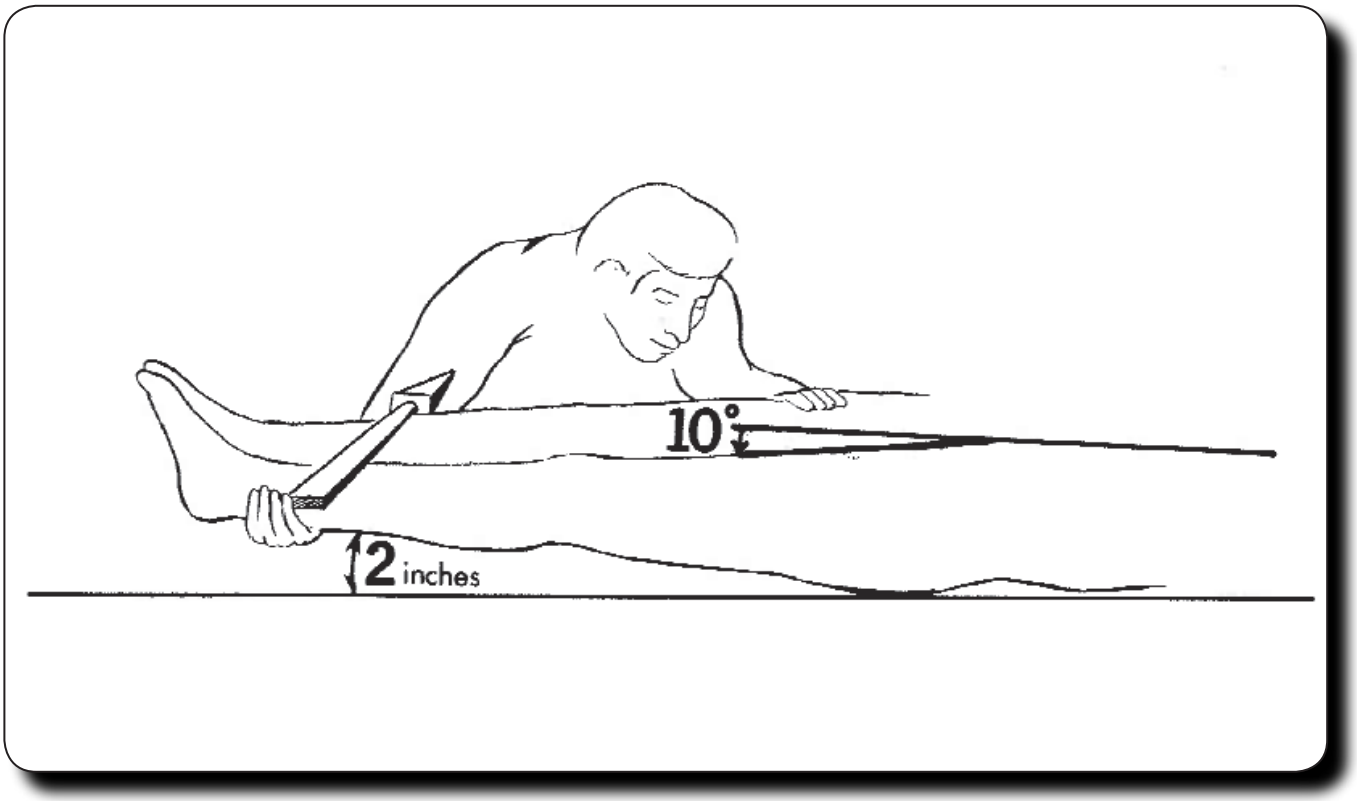
L. B. V.L. : C5R

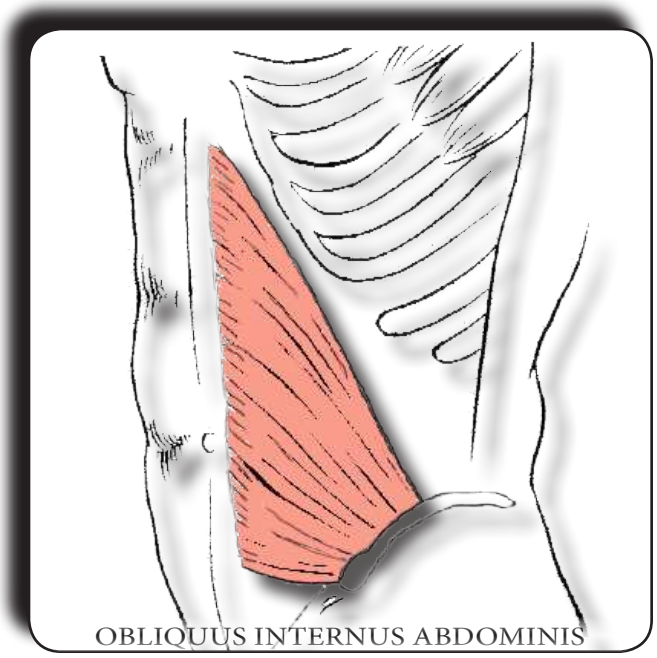
M. M. : T9

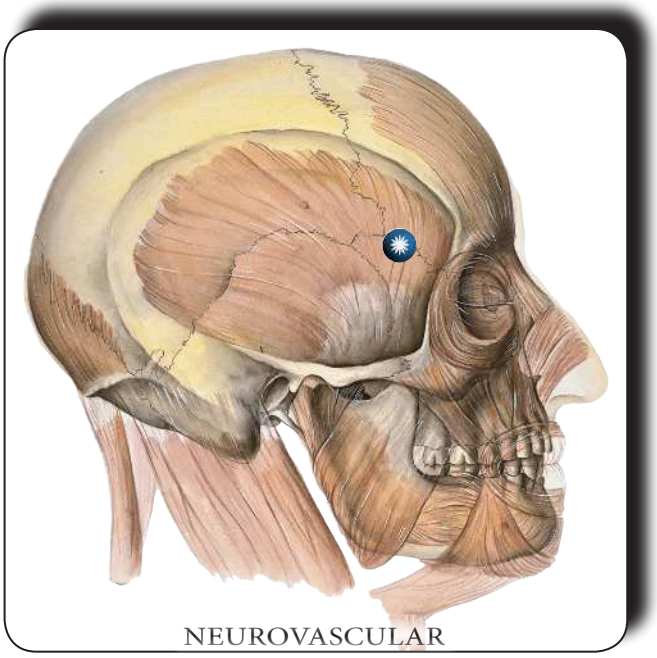
CRANIAL: Parietal bulge

FOOT: Talus

NUTRIENT SOURCE: St. John's Wort
1. Core Level Brain (NW)
2. Brain Plus (NW)




OBLIQUUS INTERNUS ABDOMINIS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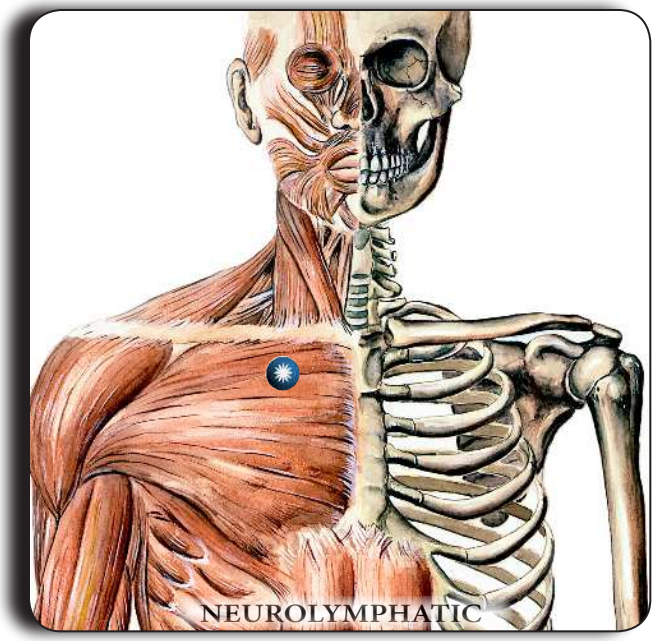
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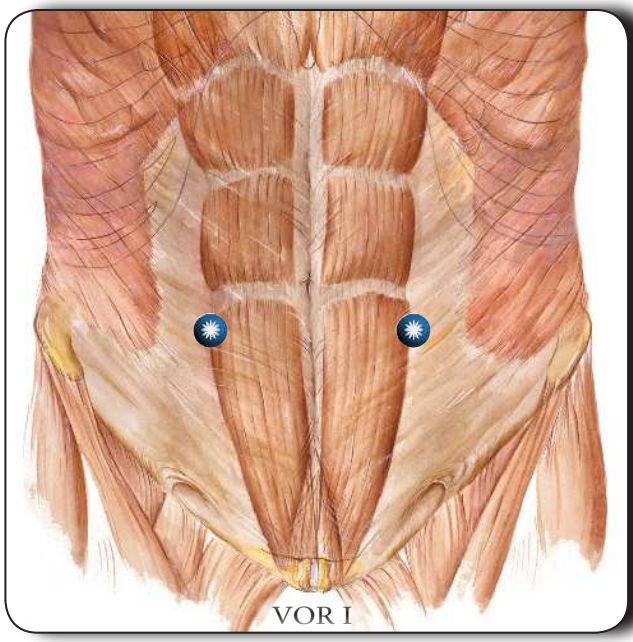
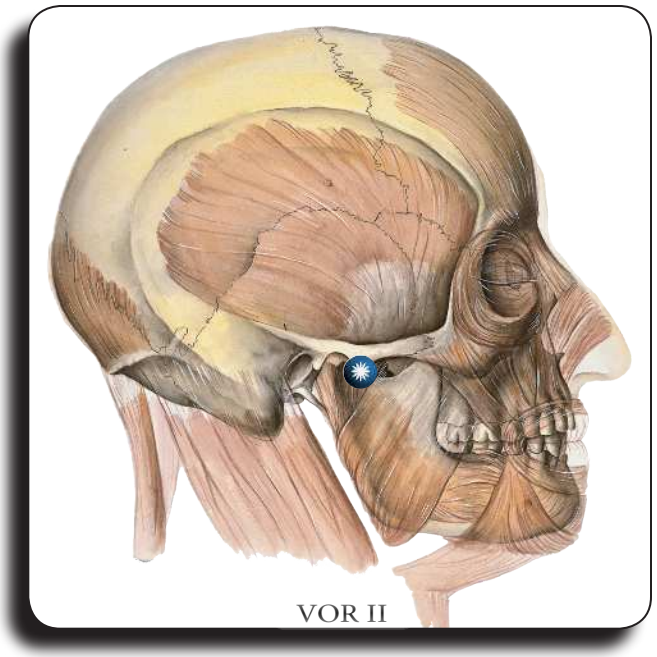
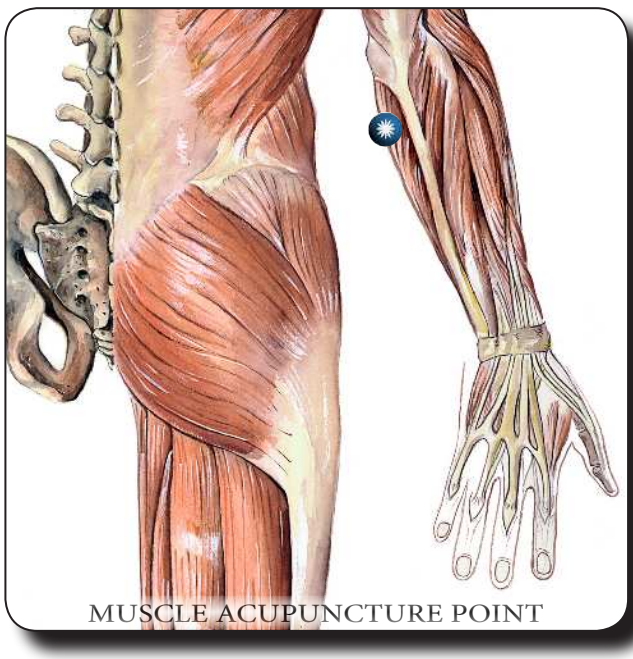

VOR I


VOR II


MUSCLE ACUPUNCTURE POINT

Muscle 696: OBLIQUUS INTERNUS ABDOMINIS (Anterior Division)

ORIGIN: Anterior third of middle lip of iliac crest.

INSERTION: Just lateral to linea alba from level of iliac crest to level of 3rd section Rectus abdominis.

ACTION: Compress the abdominal contents. Flexes and rotates the spinal column ipsilaterally.

TEST:

Patient: Supine, trunk flexed 90° and rotated 45° facing ipsilateral knee; cross forearms on chest.

Doctor: Brace ipsilateral knee and with ipsilateral sternoclavicular contact, extend trunk 45° obliquely contralateral.

NEUROVASCULAR: (Lat) Sphenoid frontal suture just anterior to pterion.

NEUROLYMPHATIC: (Ant/R) 1st ICS, near St 13.

VISCERAL ORGAN:

I. Colon: (Ant/BL) (Hepatic and Splenic Flexure)- Lateral border of 1st section Rectus abdominis just inferior to insertion.

II. Eye: (Post/BL) TMJ at St 7, origin of Masseter muscle, anterior to EAC.

M. A. P. : Si 7.8

V. L. : T3L

L. B. V.L. : T8L

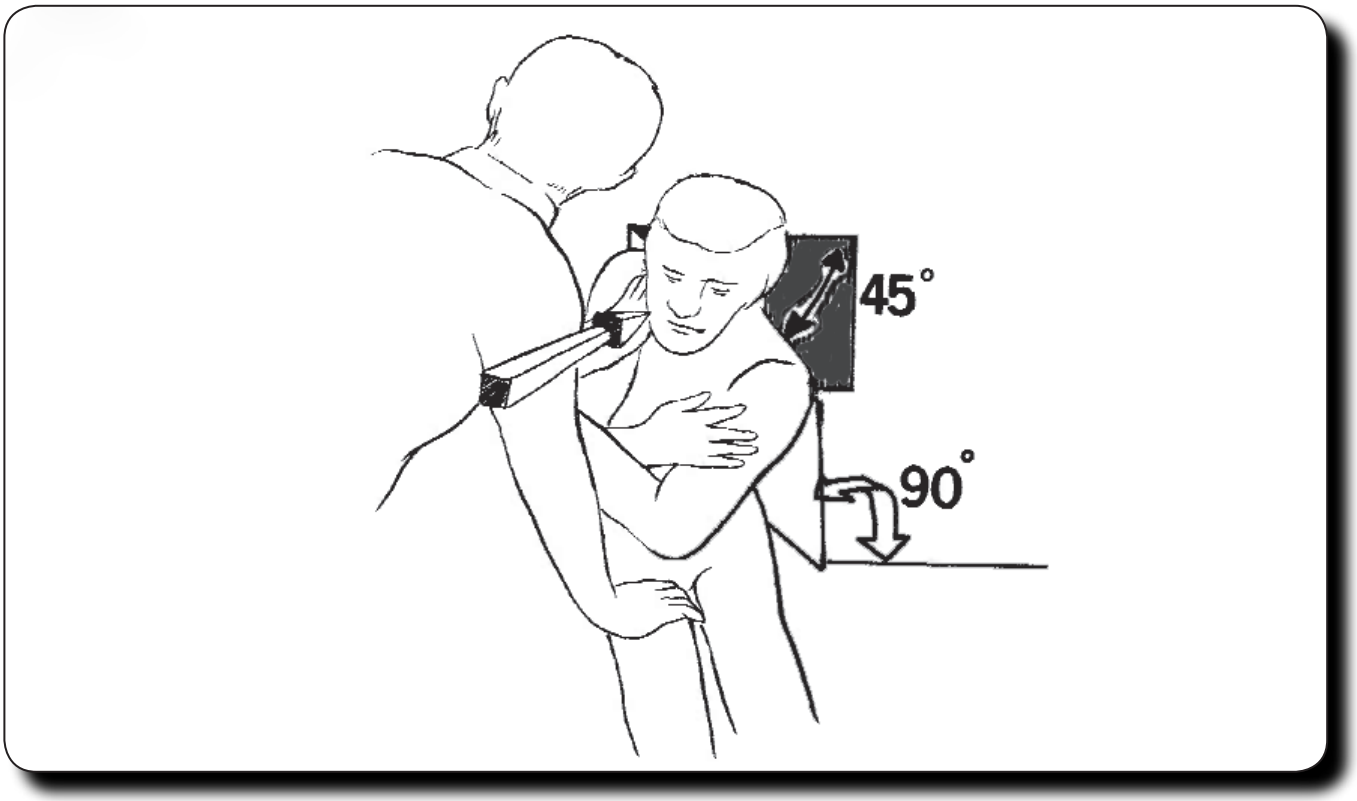
M. M. : T10

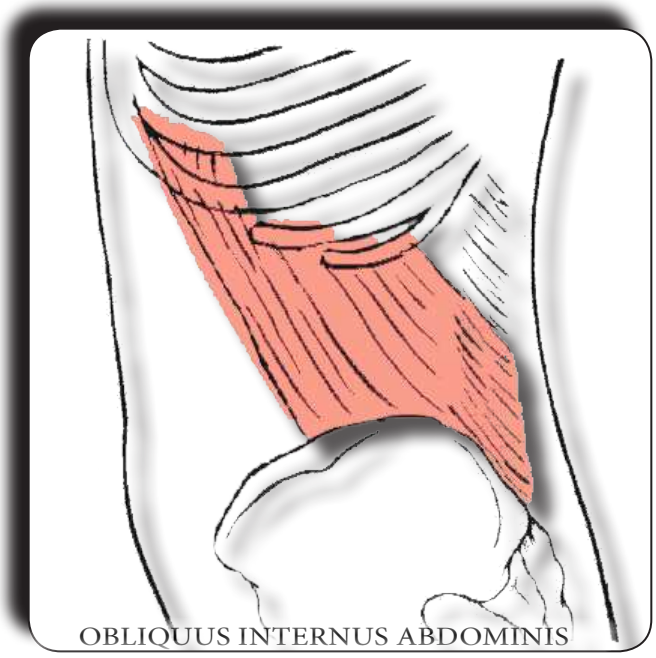
CRANIAL: Ethmoid

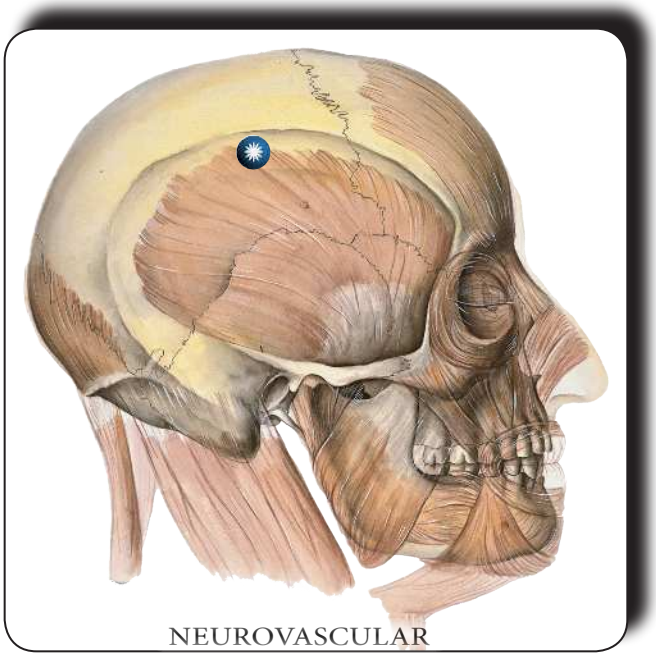
FOOT: 1st cuneiform

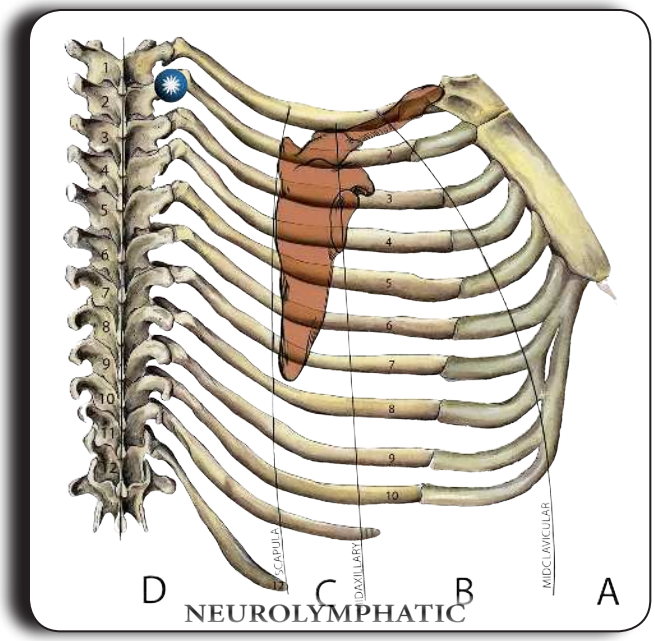
NUTRIENT SOURCE: B 12

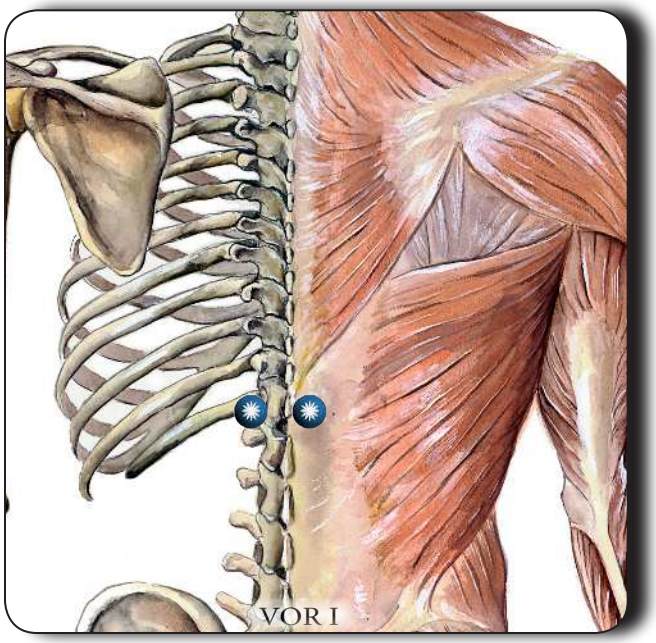
1. B 12 (NW)
2. Complete Omega-3 Cofactors (Adult Formula) (NW)
3. B-Complex (NW)
4. Core Level Folic Acid (NW)

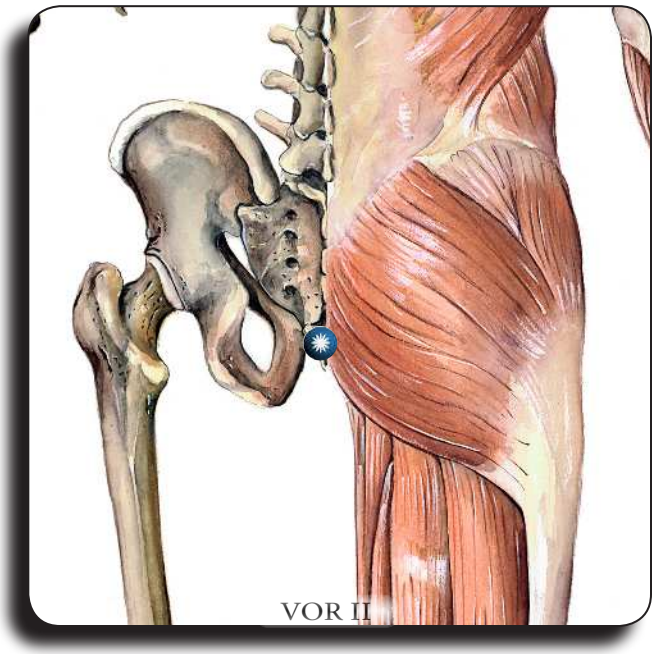



OBLIQUUS INTERNUS ABDOMINIS


NEUROVASCULAR


D
C
B
A
NEUROLYMPHATIC


VOR I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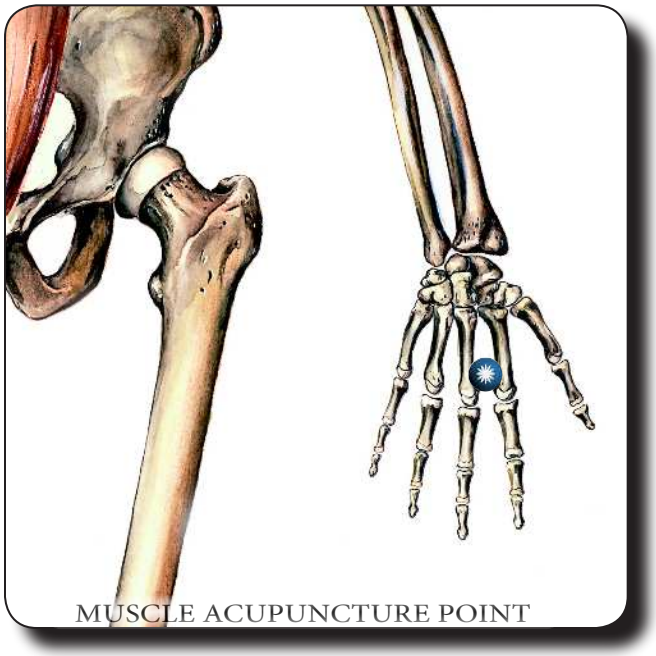

MUSCLE ACUPUNCTURE POINT

Muscle: 698 OBLIQUUS INTERNUS ABDOMINIS (Lateral Division)

ORIGIN: Lumbar fascia and middle third of iliac crest.

INSERTION: Inferior borders of cartilage of 9th through 12th ribs.

ACTION: Compress the abdominal contents. Flexes and rotates the spinal column ipsilaterally.

TEST:

Patient: Supine, trunk flexed 100° and rotated 45° facing opposite knee; cross forearms on chest; laterally bend trunk toward ipsilateral knee.

Doctor: Brace ipsilateral knee and with humeral contact, extend trunk obliquely 45° contralateral.

NEUROVASCULAR: (Lat) Parietal bone, just superior to temporal line, 4" superior, 1/4" posterior to EAC.

NEUROLYMPHATIC: (Post/R) 2nd ICS, paraspinal at level of 2nd TP.

VISCERAL ORGAN:

I. Tonsils - Prostate, B20: (Post/BL) transverse process of T12.

II. Uterus: (Post/Midline) On sacrum at level of sacrococcygeal junction and B34.5

M. A. P. : Cx7.8

V. L. : C3R

L. B. V.L. : L3R

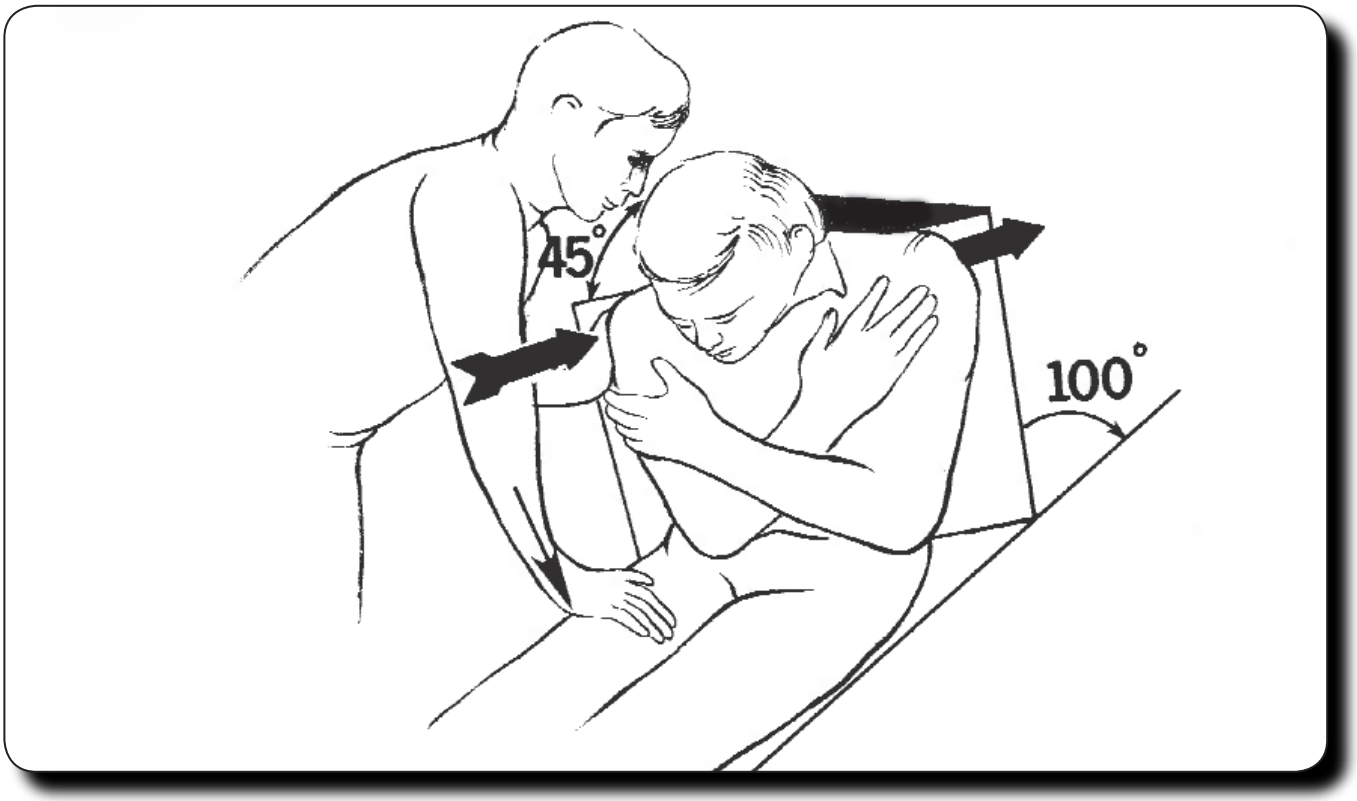
M. M. : T11

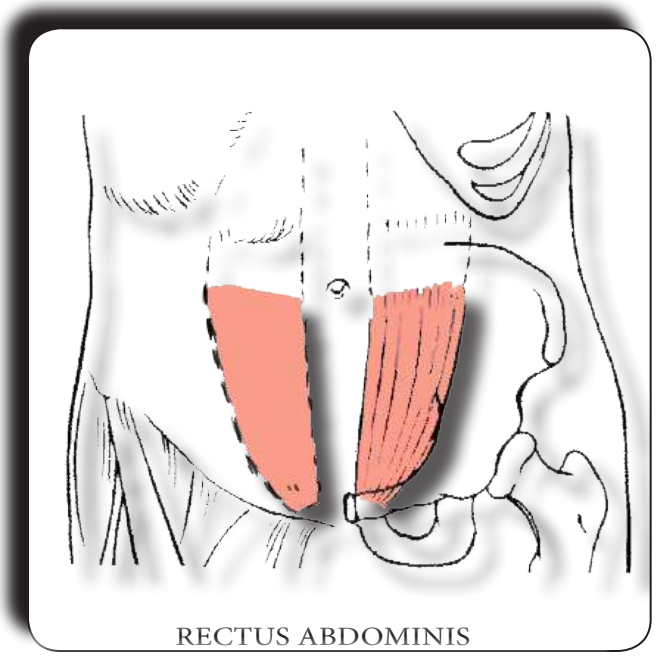
CRANIAL: Maxillary medial and lateral shift.

FOOT: 5th metatarsal

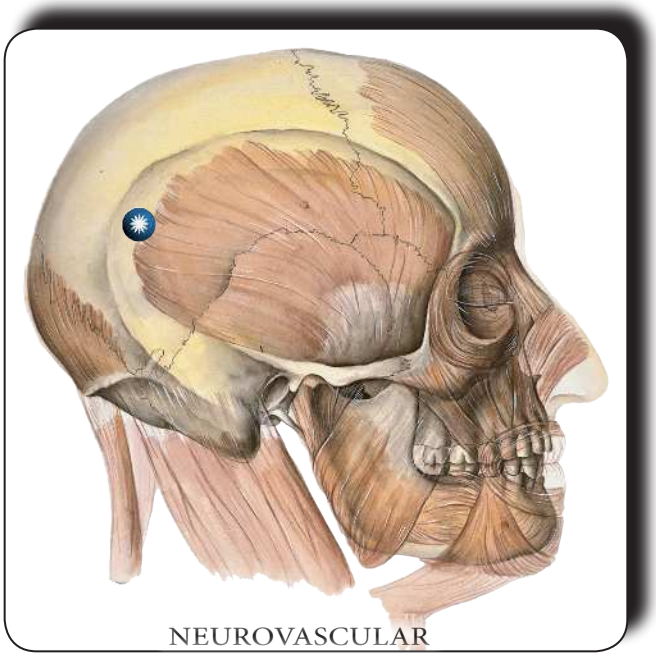
NUTRIENT SOURCE:

1. B Complex (NW)
2. B12 Lozenge (NW)
3. Complete Omega-3 cofactors (Adult formula) (NW)





RECTUS ABDOMINIS



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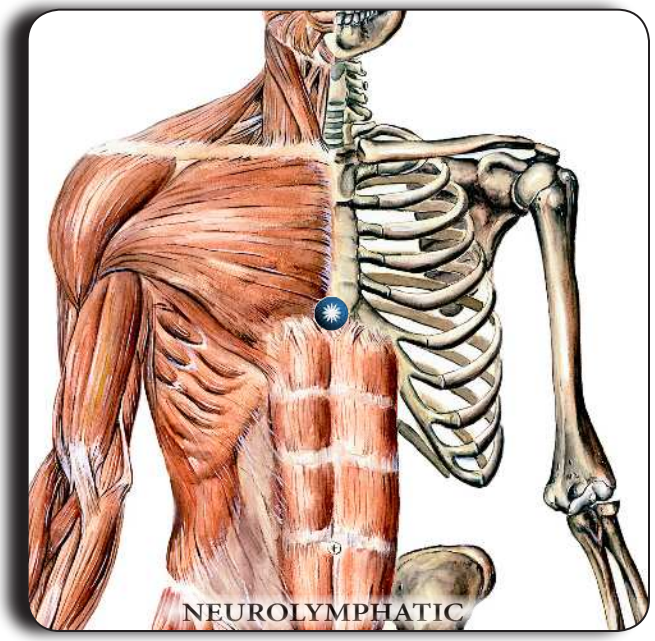
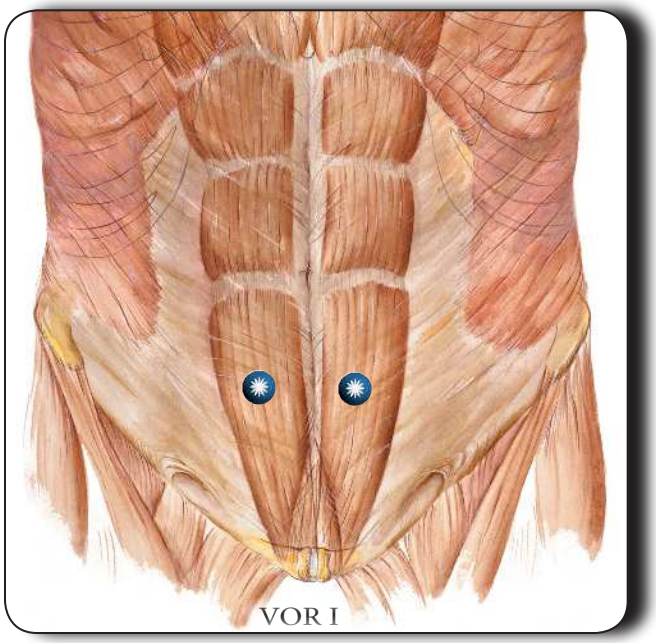
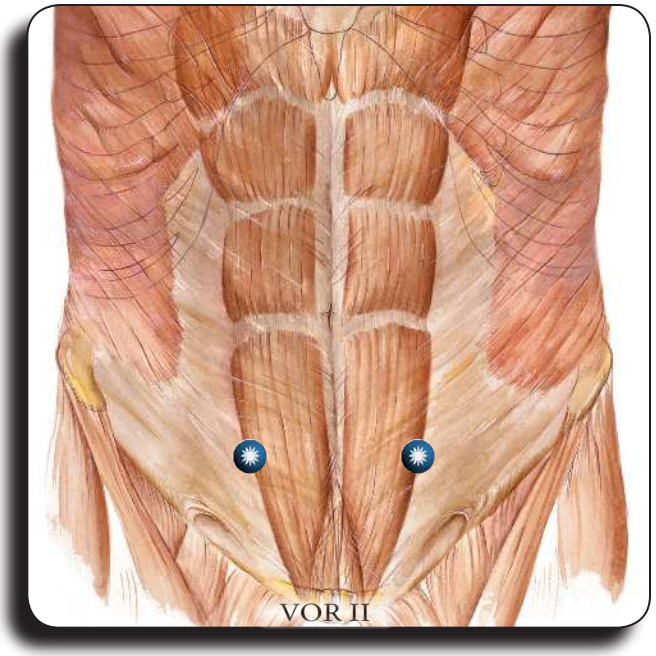


NEUROLYMPHATIC



VOR I



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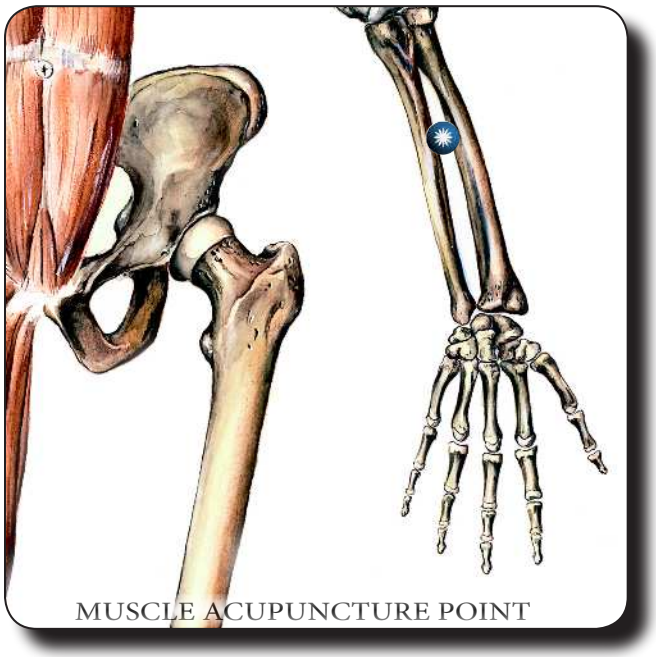


MUSCLE ACUPUNCTURE POINT

Muscle 700: RECTUS ABDOMINIS, (First Section)

ORIGIN: Crest of pubes and symphysis pubes.

INSERTION: Into origin of 2nd section of Rectus abdominis.

ACTION: Flexion of the spinal column. Tense and compress the abdominal contents.

TEST:

Patient: Supine, trunk flexed 90° and rotated 23° facing opposite knee; cross forearms on chest; keep lumbars flexed.

Doctor: Brace ipsilateral knee and with midclavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: (Lat) Parietal bone, superior temporal line 3" superior, 2" posterior to EAC.

NEUROLYMPHATIC: (Ant/Middle) of sternum 3/4" below level of 5th rib articulation at Cv 17.

VISCERAL ORGAN:

I. Adrenals: (Ant/BL) Middle of belly of 1st section of Rectus abdominis halfway between pubes and umbilicus.

II. Colon - Ascending/Descending: (Ant/BL) Lateral edge of 1st section Rectus abdominis halfway between pubes and umbilicus.

M. A. P. : Cx3.8

V. L. : T9L

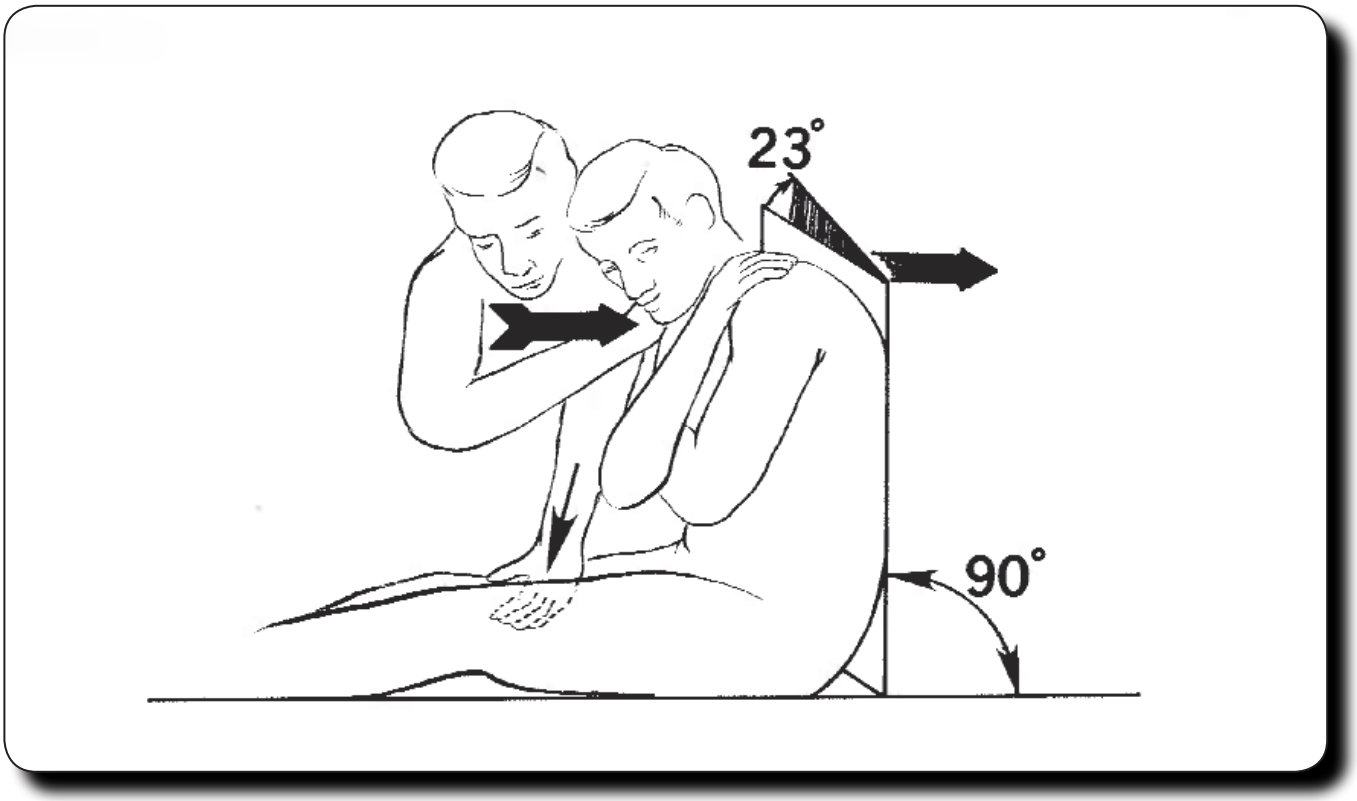
L. B. V.L. : T2L

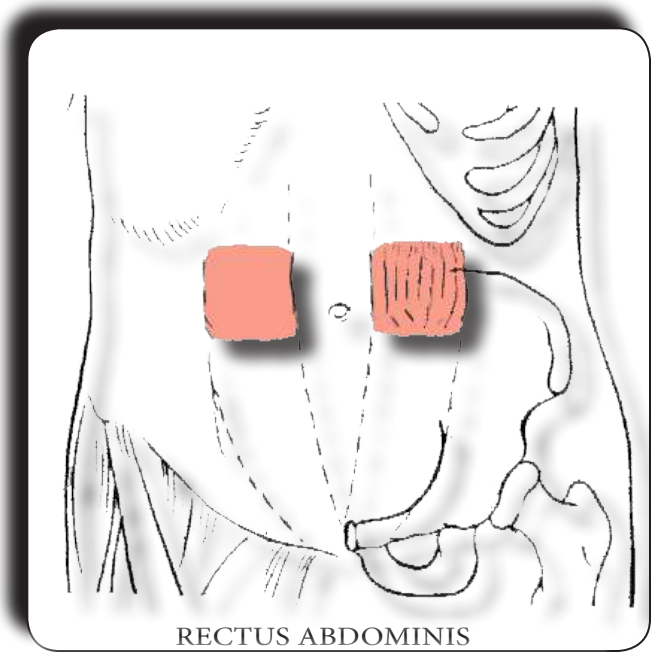
M. M. : T5

CRANIAL: Internal temporal

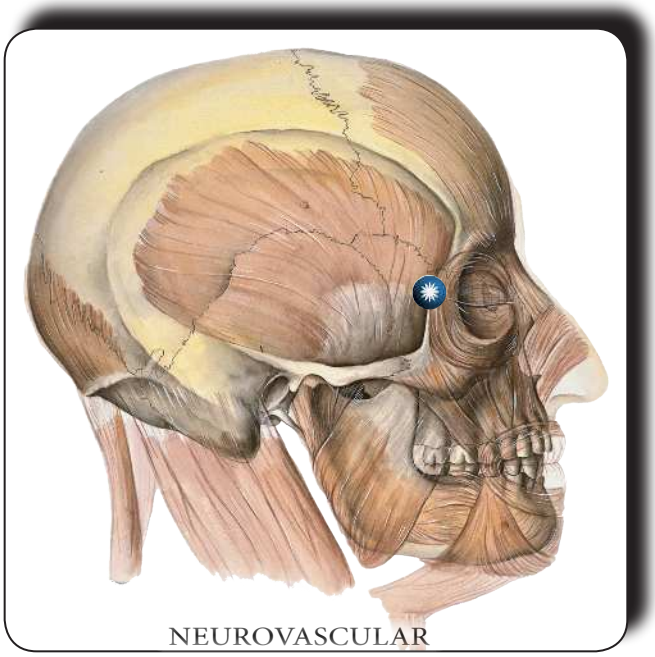
FOOT: Cuboid

NUTRIENT SOURCE: Chlorophyll
1. Chlorophyll Plus (NW)
Notes: Associated with allergies to oats and rye

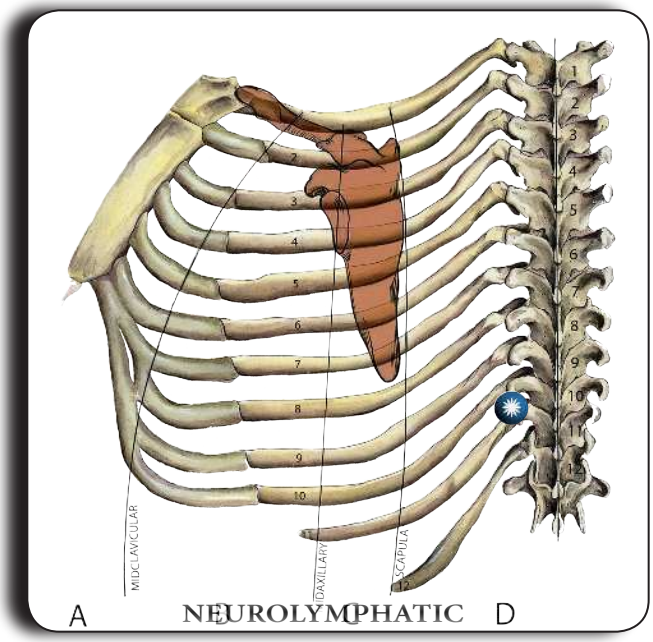




RECTUS ABDOMINIS

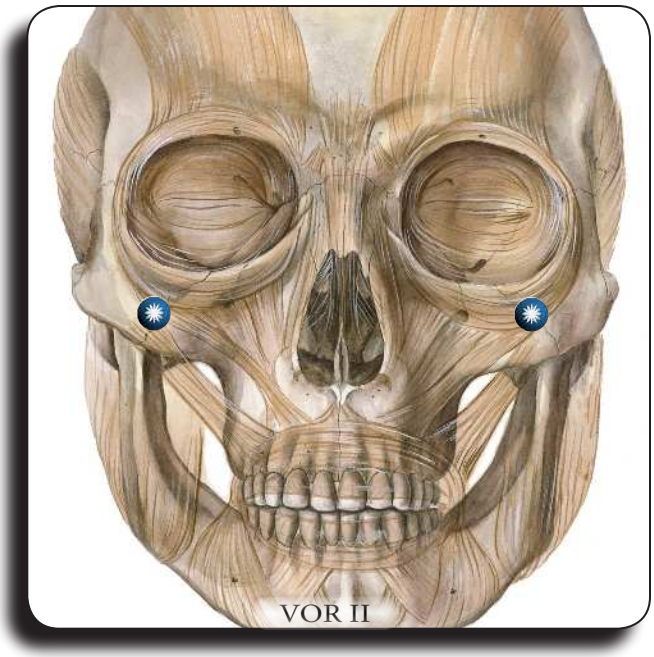


NEUROVASCULAR

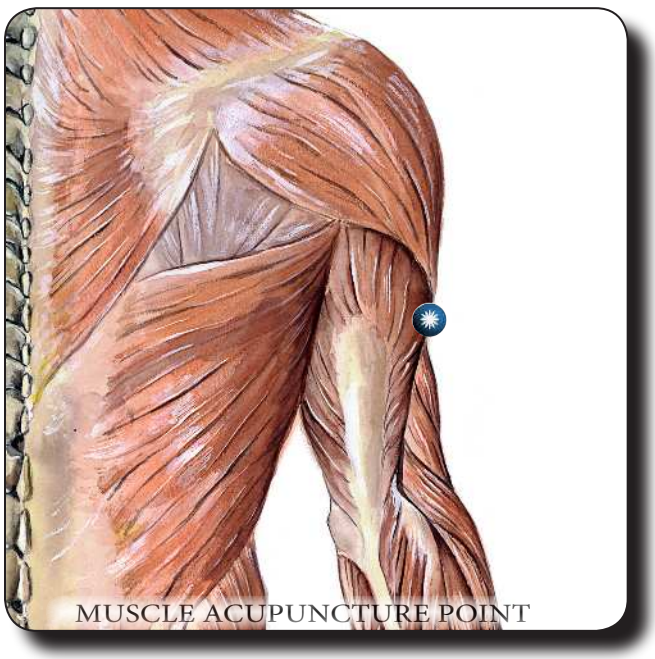


A NEUROLYMPHATIC D

VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle: 702 RECTUS ABDOMINIS, (Second Section)

ORIGIN: From 1st section of Rectus abdominis.

INSERTION: Into 3rd section of Rectus abdominis.

ACTION: Flexion of the spinal column. Tense and compress the abdominal contents.

TEST:

Patient: Supine, trunk flexed 90° with 23° rotation facing opposite knee; cross forearms on chest; keep lumbars extended.

Doctor: Brace ipsilateral knee and with midclavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: (Lat) Zygomatic bone, just inferior to frontal-zygomatic suture.

NEUROLYMPHATIC: (Post/L)10th ICS, 1" out from spine.

VISCERAL ORGAN:

I. Duodenum - horizontal portion: (Ant/L)medial superior border of 2nd section Rectus abdominis.

II. Sublingual Glands: (Ant/BL) Maxillary bone just anterior to Si18 below lateral edge of eye.

M. A. P. : Li13.5

V. L. : L4R

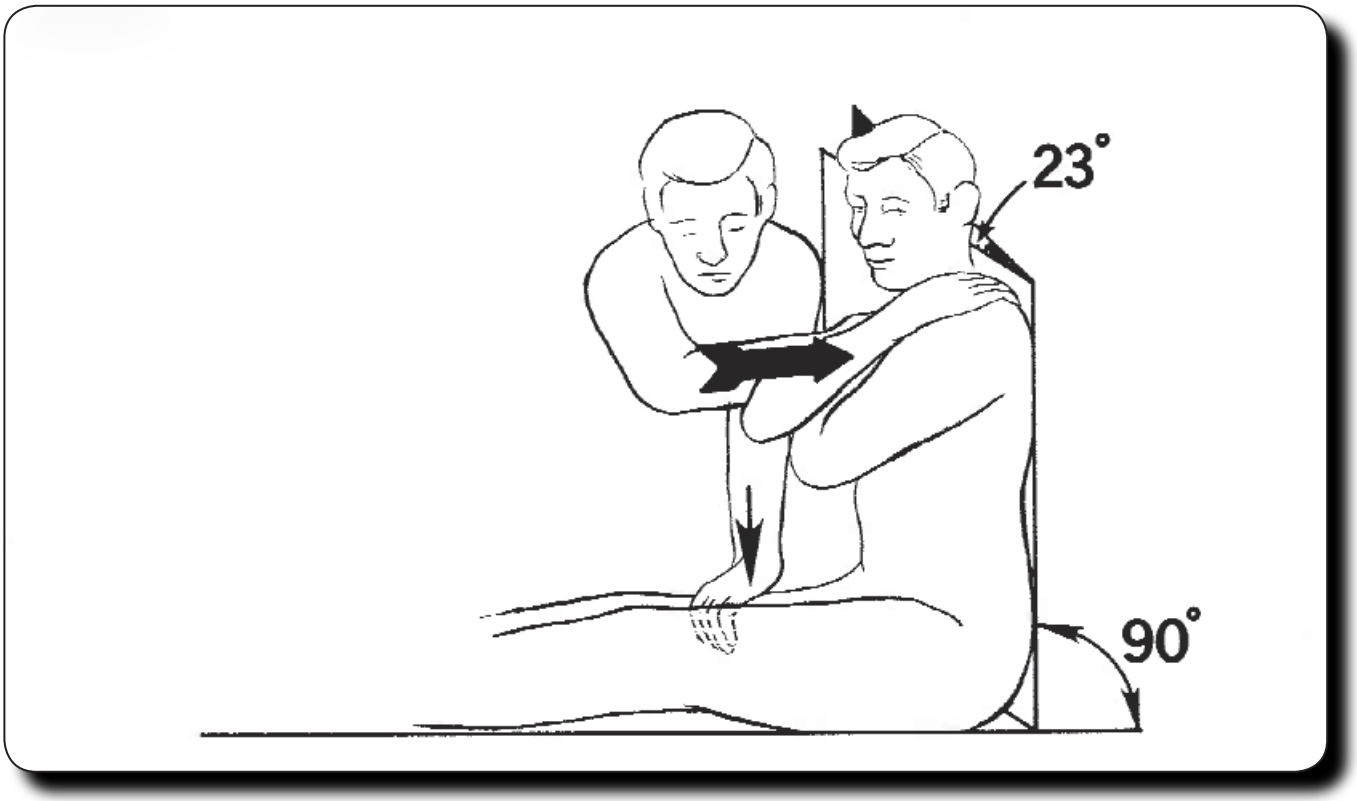
L. B. V.L. : C2R

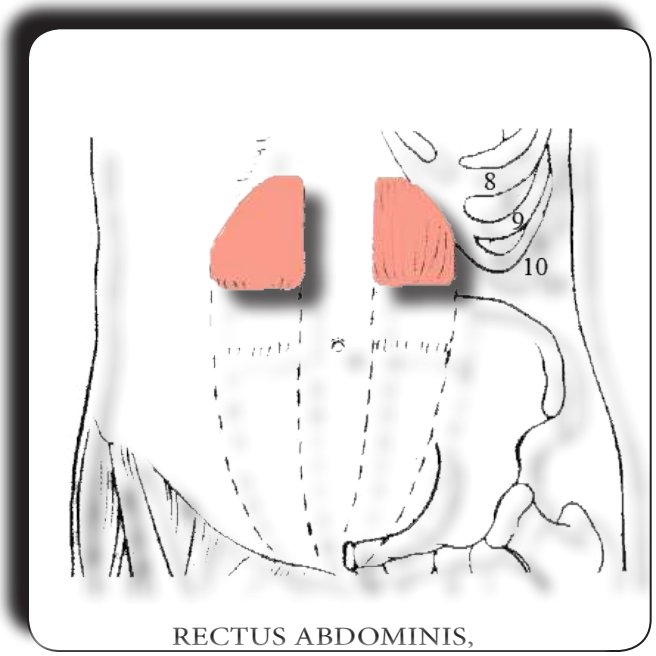
M. M. : T7

CRANIAL: Sphenoid

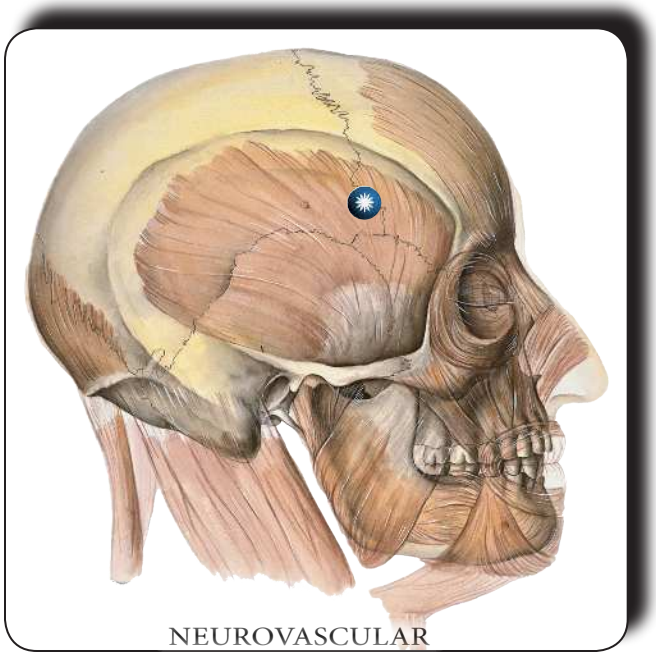
FOOT: 3rd cuneiform

NUTRIENT SOURCE: Iodine
1. Core Level Thyroid (NW)





RECTUS ABDOMINIS,



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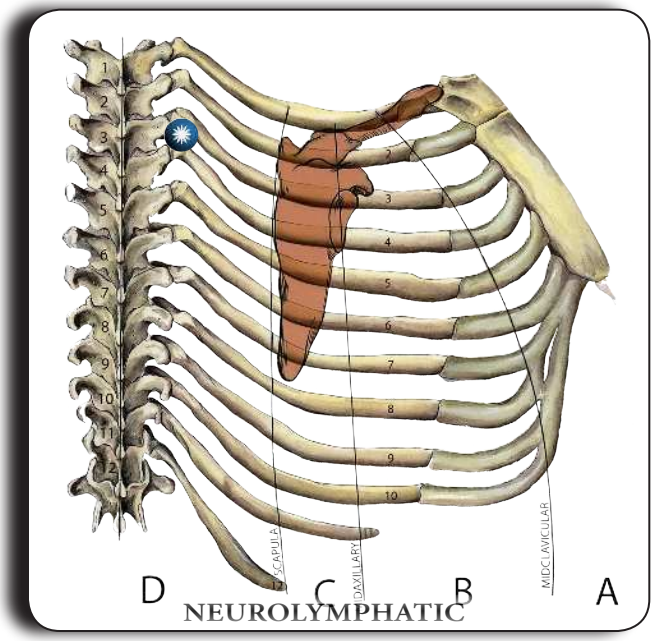

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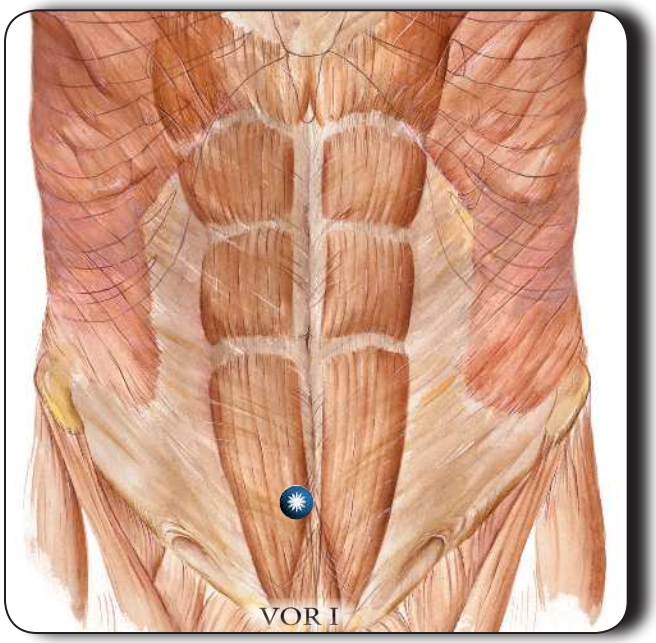
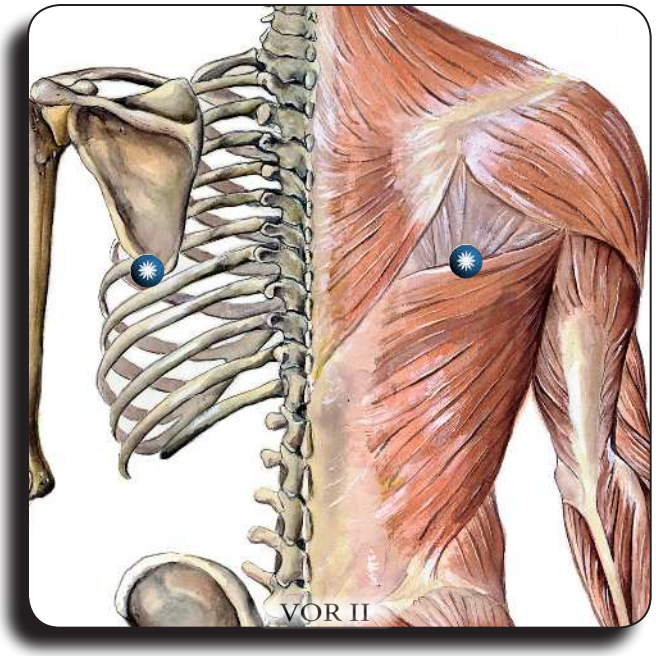
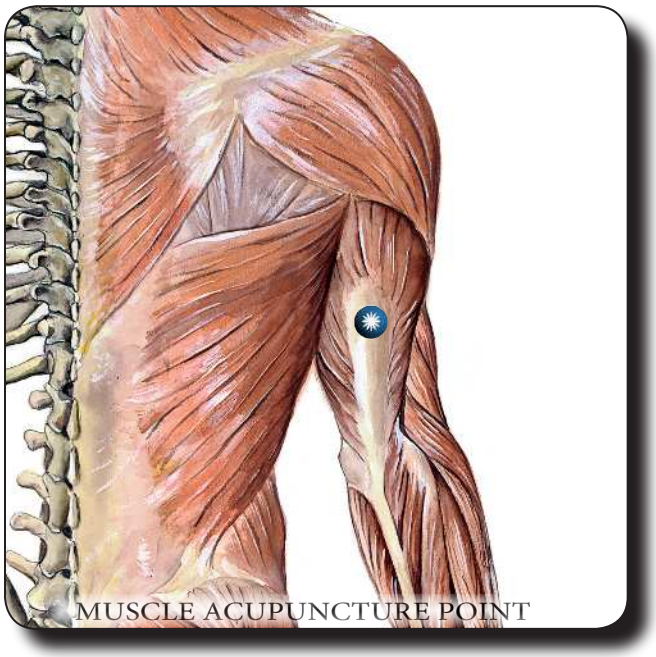


VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 704: RECTUS ABDOMINIS, (Third Section)

ORIGIN: From 2nd section of Rectus abdominis.

INSERTION: Into 4th section of Rectus abdominis.

ACTION: Flexion of the spinal column. Tense and compress the abdominal contents.

TEST:

Patient: Supine, trunk flexed 70° and rotated 23° facing opposite knee; cross forearms on chest.

Doctor: Brace both knees and with ipsilateral midclavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: (Lat) Parietal bone, just posterior to coronal suture and pterion.

NEUROLYMPHATIC: (Post/R) 3rd ICS, 2" from spinous processes.

VISCERAL ORGAN:

I. Ileum - 6th section: (R) near medial border 1st section Rectus abdominis slightly below halfway between pubes and umbilicus.

II. Eye: (Post/BL) Tip of scapula at origin of Teres major.

M. A. P. : Tw12

V. L. : T4L

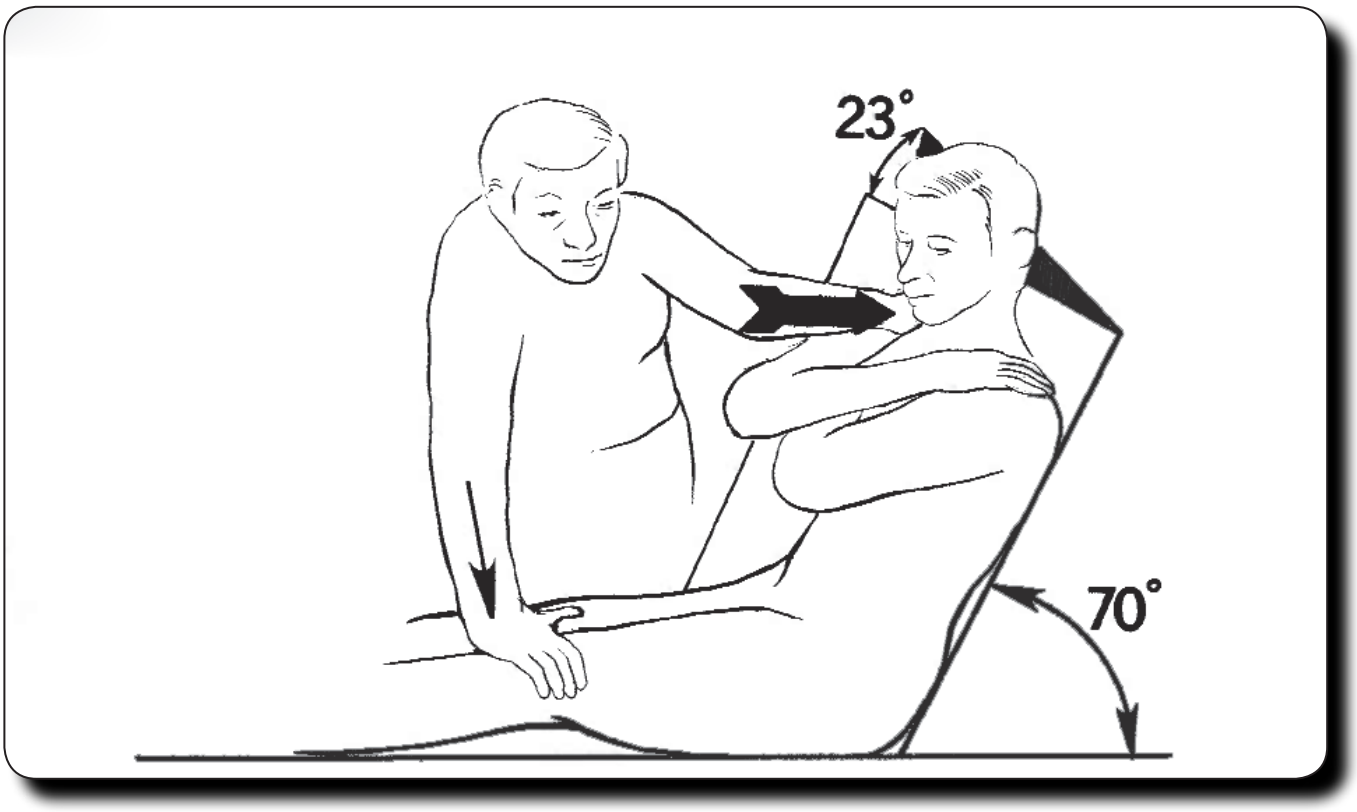
L. B. V.L. : T7L

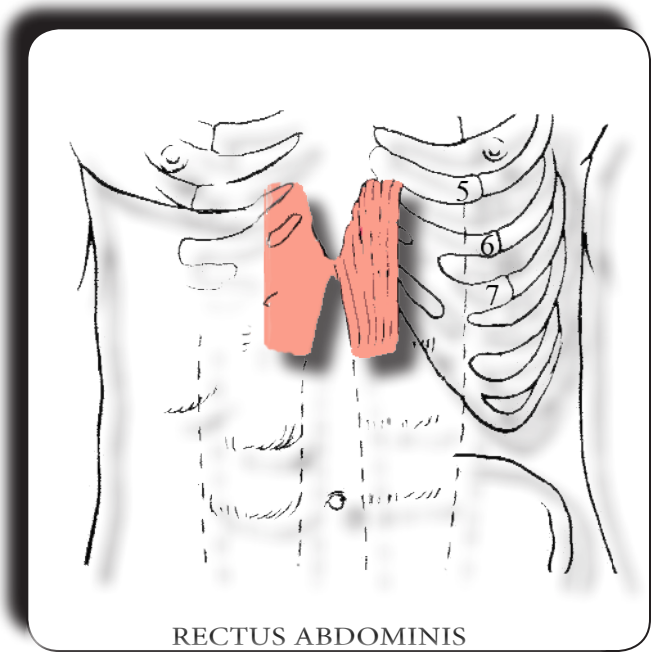
M. M. : T9

CRANIAL: Zygoma

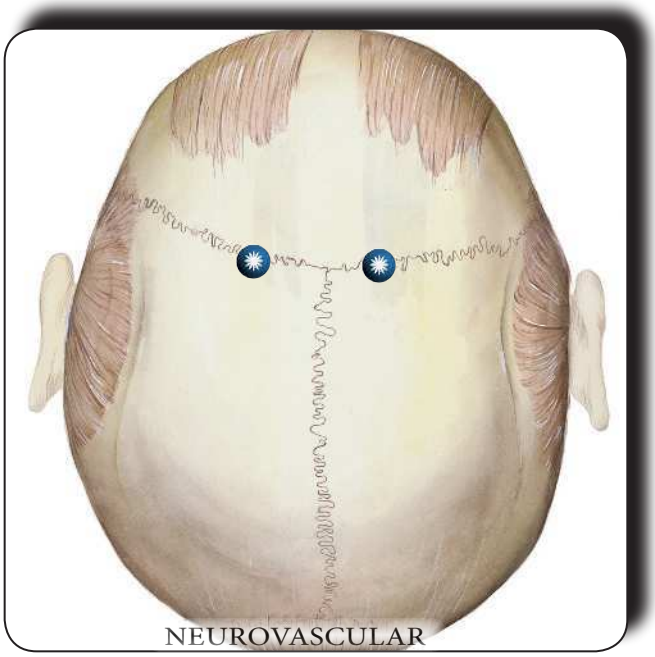
FOOT: 3rd cuneiform

NUTRIENT SOURCE: Omega Fatty Acid
1. Complete Hipotency Omega-3 Liquid (NW)
2. Complete Omega-3 Cotactors (NW)





RECTUS ABDOMINIS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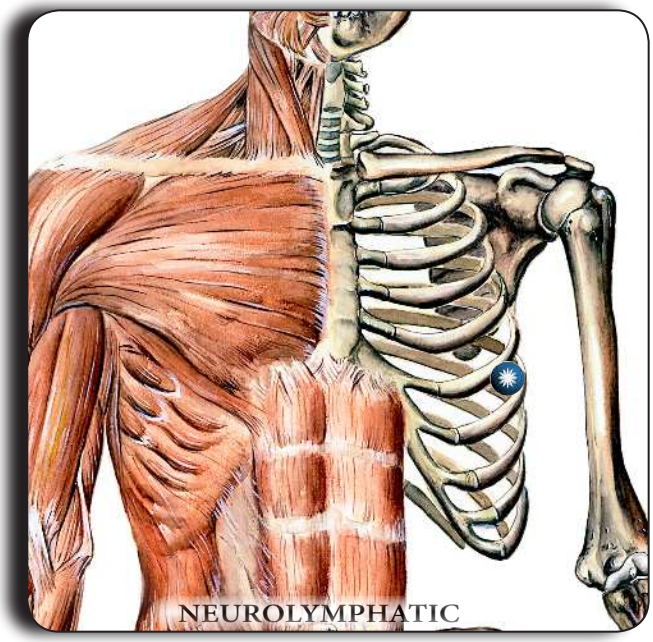
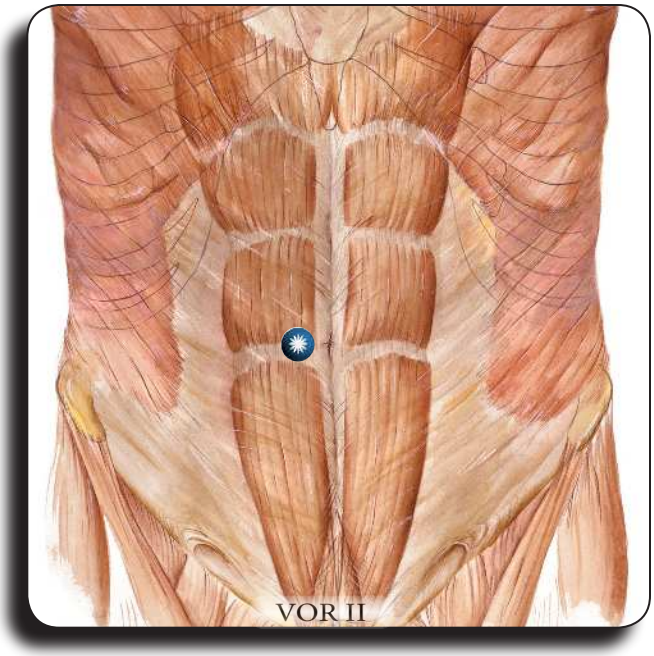
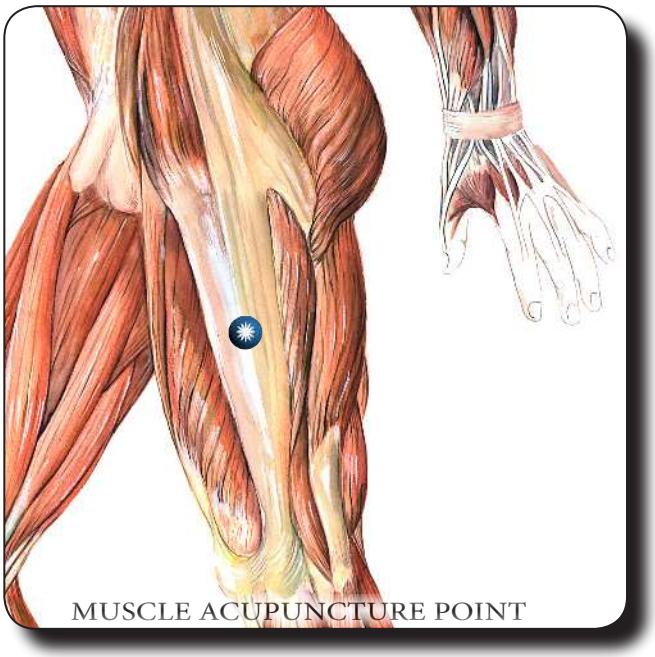

NEUROLYMPHATIC

VOR I


VOR II


MUSCLE ACUPUNCTURE POINT

Muscle 706: RECTUS ABDOMINIS, (Fourth Section, Medialis)

ORIGIN: From 3rd section of Rectus abdominis.

INSERTION: Into costocartilage of 6th and 7th ribs and side of xiphoid process.

ACTION: Flexion of the spinal column. Compress the abdominal contents. Draws the sternum toward the pelvis.

TEST:

Patient: Supine, trunk flexed to 45° and rotated 23° facing opposite knee; cross forearms on chest.

Doctor: Brace both knees and with ipsilateral midclavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: (Sup/BL) Coronal suture, 1" lateral to anterior fontanel.

NEUROLYMPHATIC: (Ant/L) 6th ICS, outside nipple line.

VISCERAL ORGAN:

I. Duodenum - ascending portion: (Ant/L) medial side, junction of 3rd and 4th sections of Rectus abdominis.

II. Esophagus: (Ant/R) 9 o'clock on umbilicus.

M. A. P. : G30.8

V. L. : L4L

L. B. V.L. : C2L

M. M. : T8

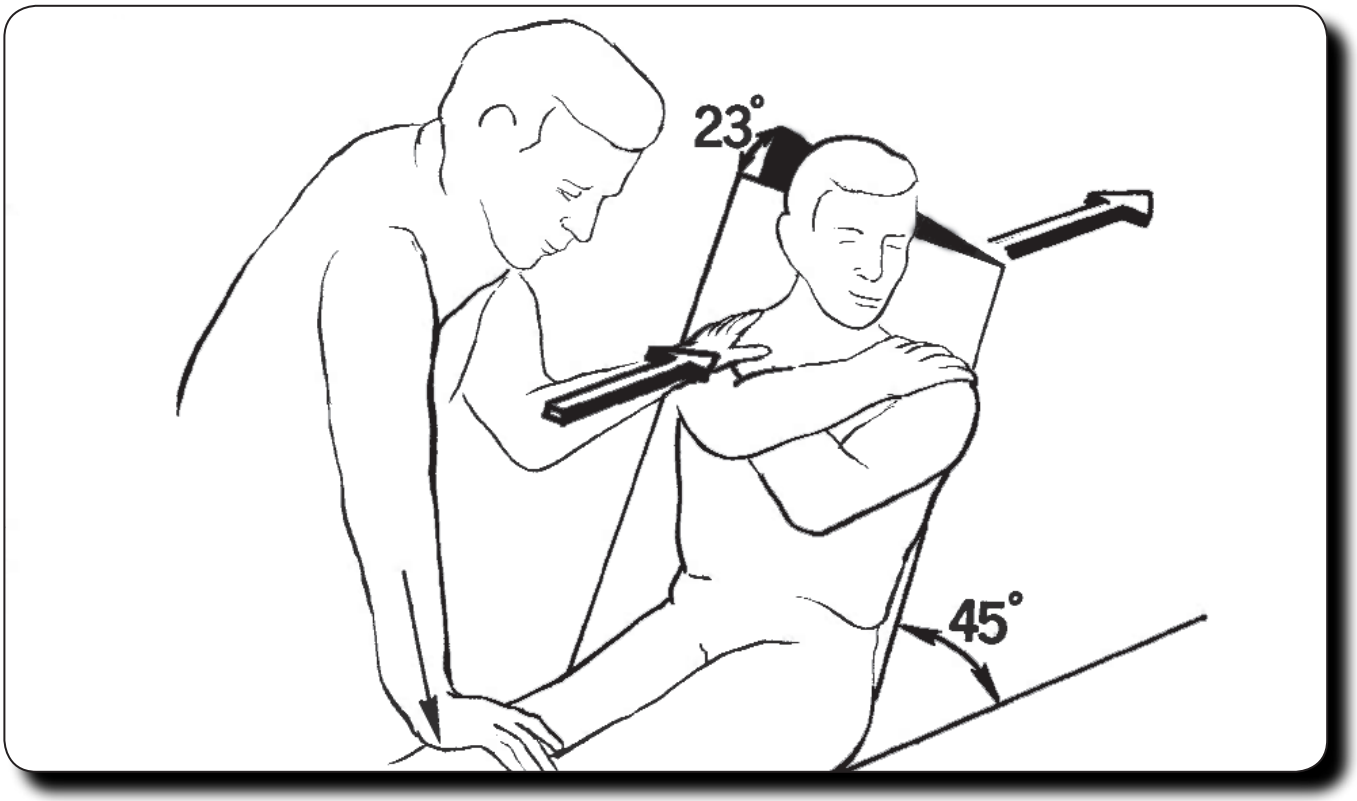
CRANIAL: Maxillary, medial to lateral shift

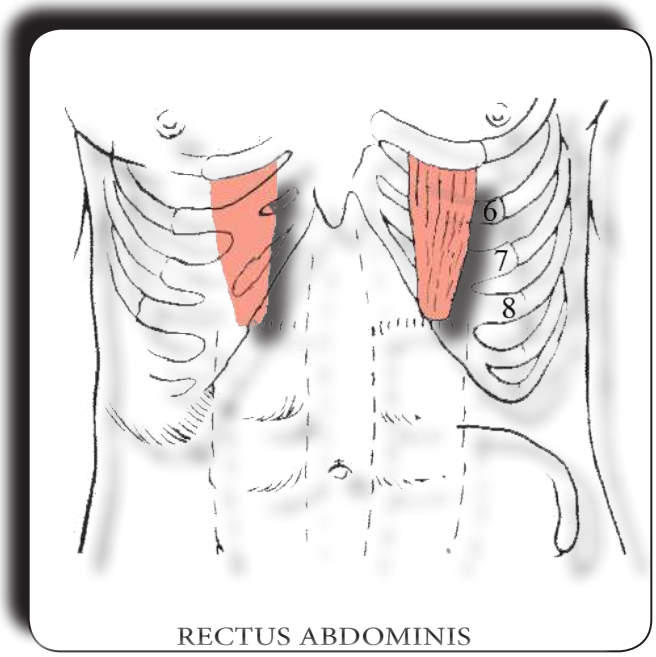
FOOT: 5th metatarsal

NUTRIENT SOURCE:

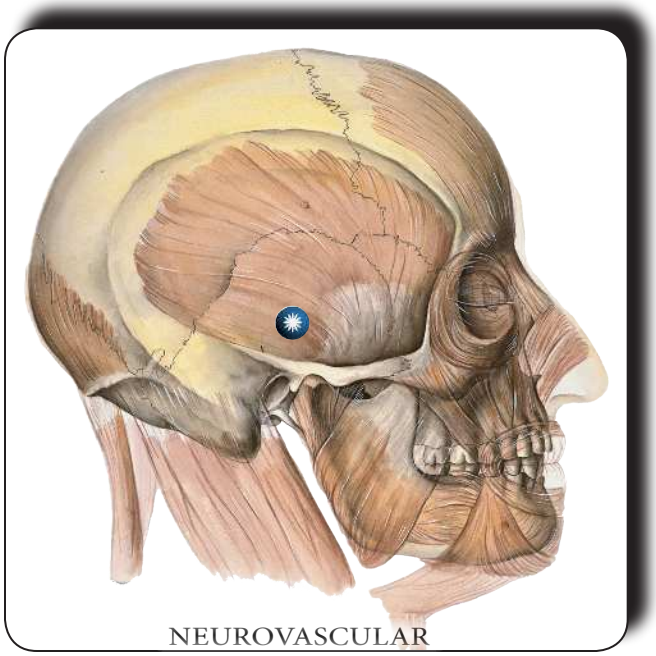
1. Core Level Prostate (NW)
2. B-Complex (NW)

Note: Associated with allergies of gluten.





RECTUS ABDOMINIS



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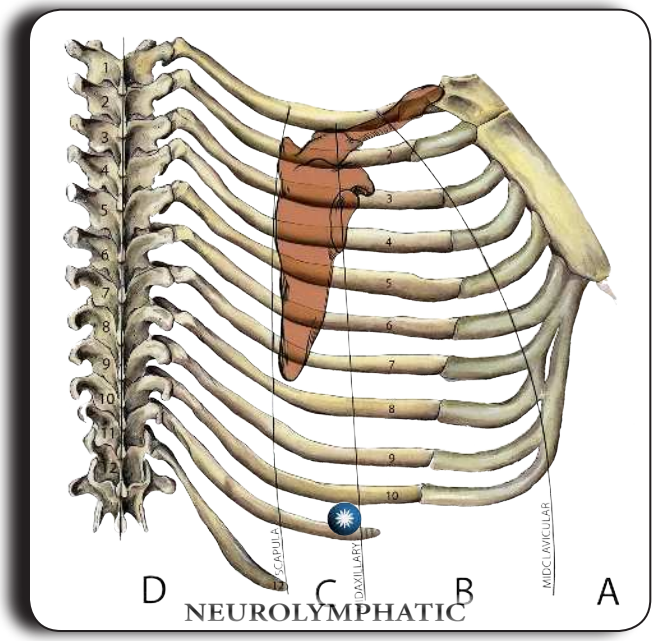
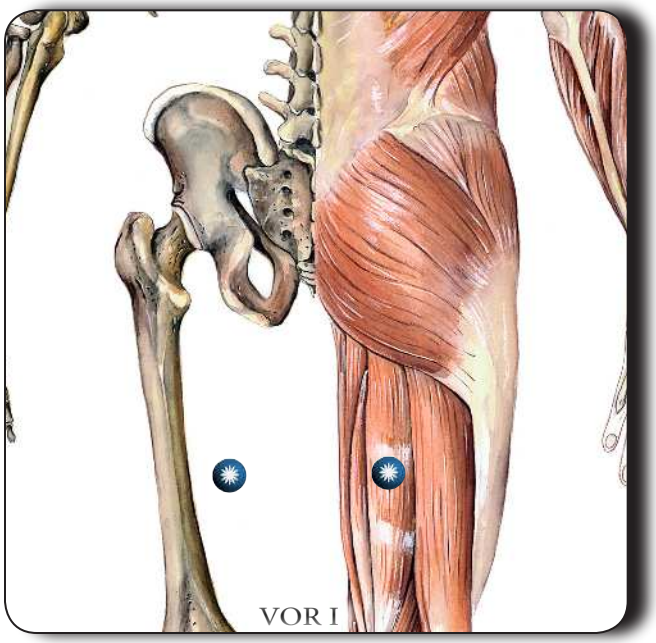
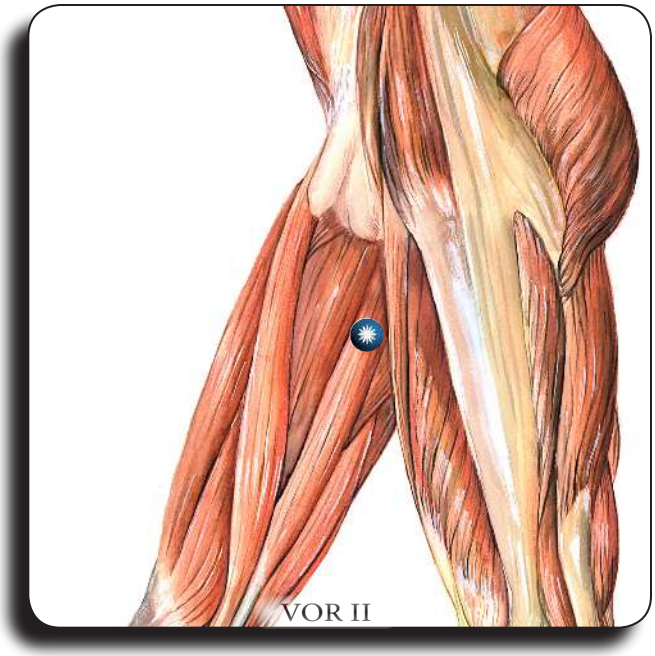


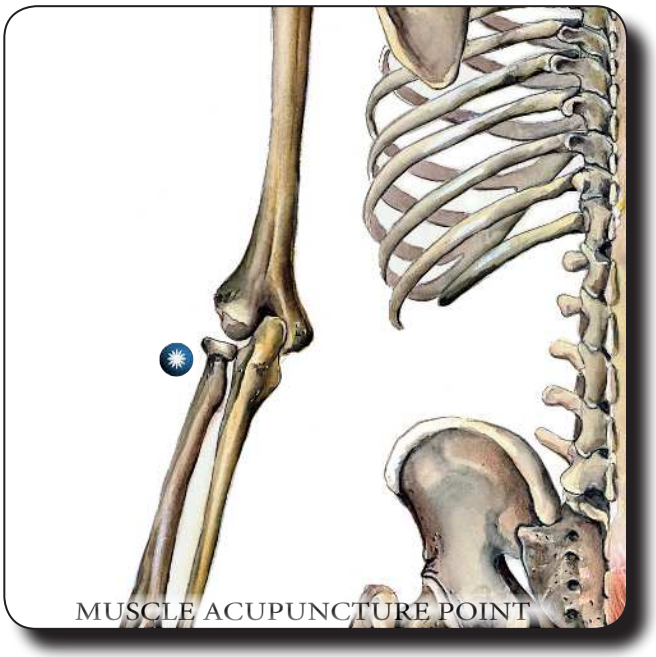
NEUROLYMPHATIC



VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 708: *RECTUS ABDOMINIS,* (Fourth Section, Lateralis)

ORIGIN: From insertion of 3rd section of Rectus abdominis, lateral half of fibers.

INSERTION: Cartilage of 5th rib.

ACTION: Flexion of the spinal column. Tense and compress the abdominal contents. Draws the ipsilateral rib cage down and across.

TEST:

Patient: Supine, trunk flexed to 45° and rotated 45° facing opposite knee; cross forearms on chest.

Doctor: Brace both knees and with ipsilateral midclavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: (Lat) Temporal bone, directly above ear, halfway between EAC and squamosal suture.

NEUROLYMPHATIC: (Lat/R) 10th ICS, 1" posterior to tip of 11th rib; midaxillary line.

VISCERAL ORGAN:

I. Penis/Vaginal Vault: (Post/BL) Midthigh, 2" superior, l" medial to B51.

II. Bladder: (Lat/BL) At K10.7 in belly of Gracilis, 3-4" below pubes.

M. A. P. : Li8.5

V. L. : T6R

L. B. V.L. : T5R

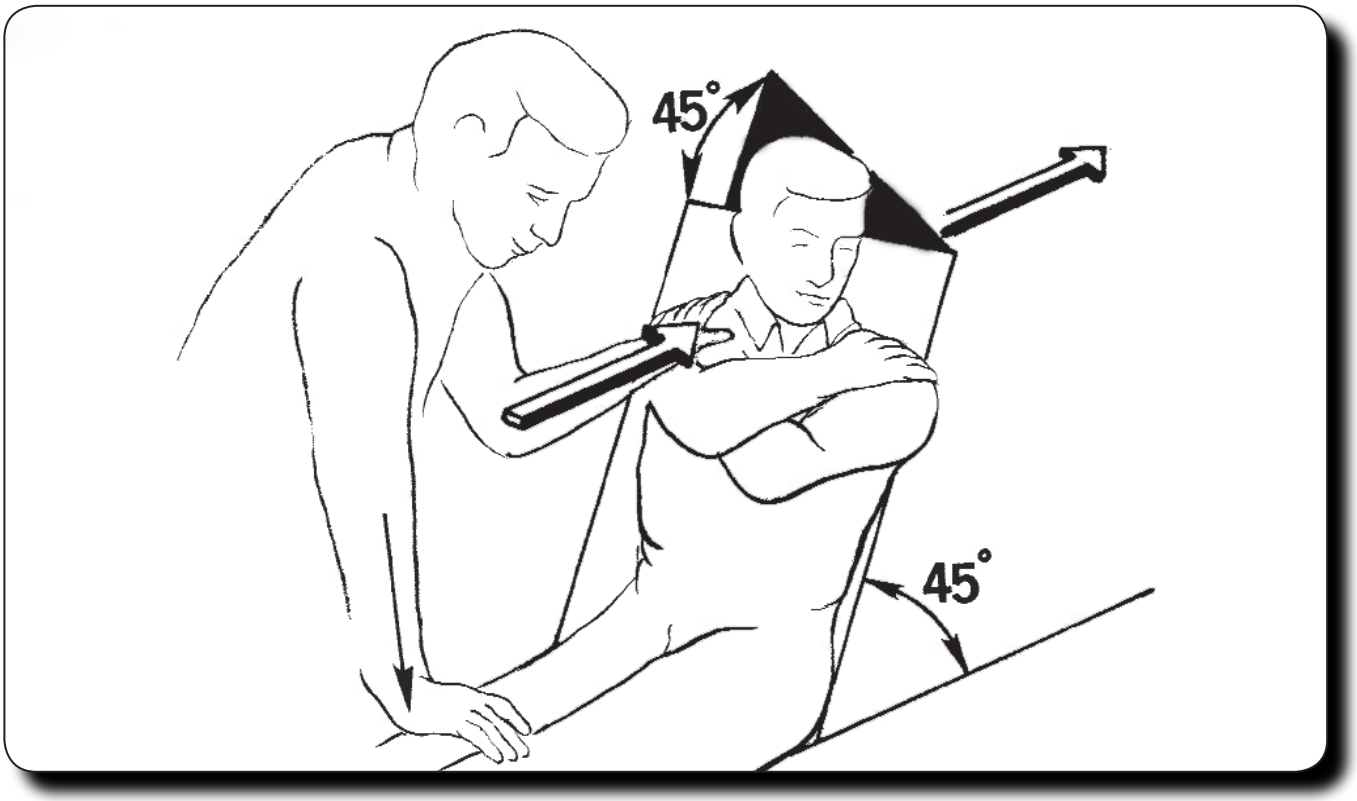
M. M. : T7

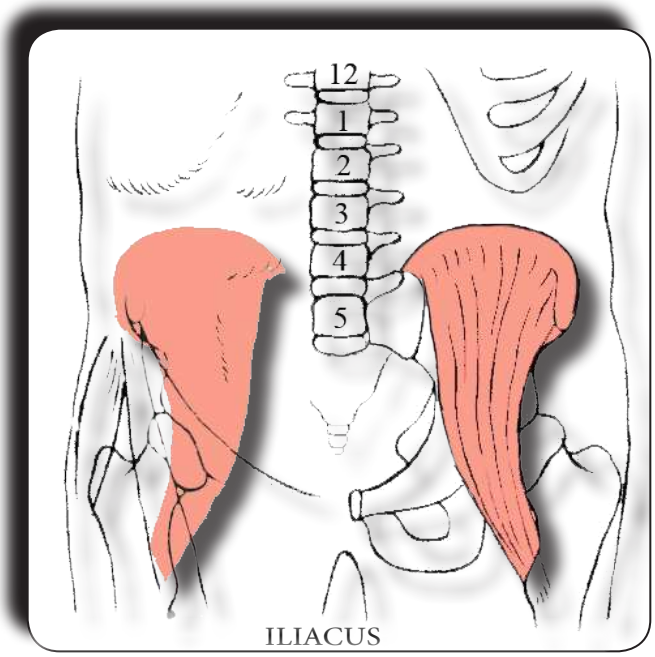
CRANIAL: Zygomatic

FOOT: 3rd cuneiform

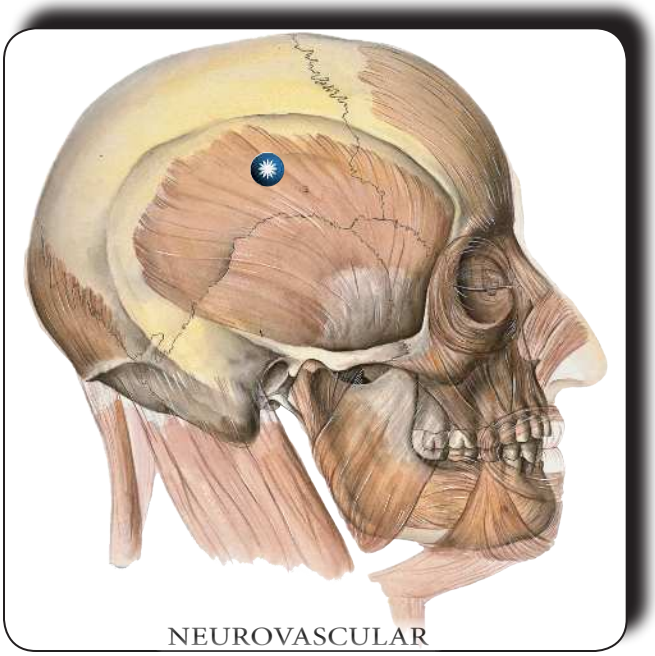
NUTRIENT SOURCE:

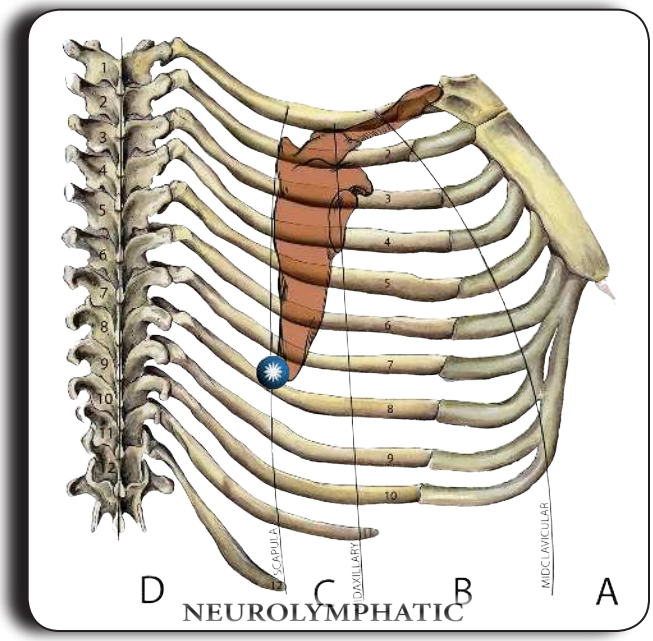
1. Core Level Kidney (NW)





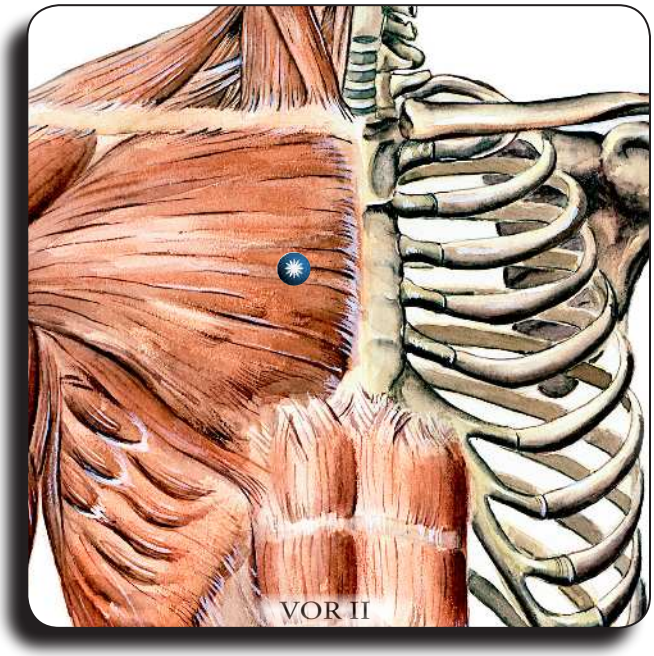
ILIACUS

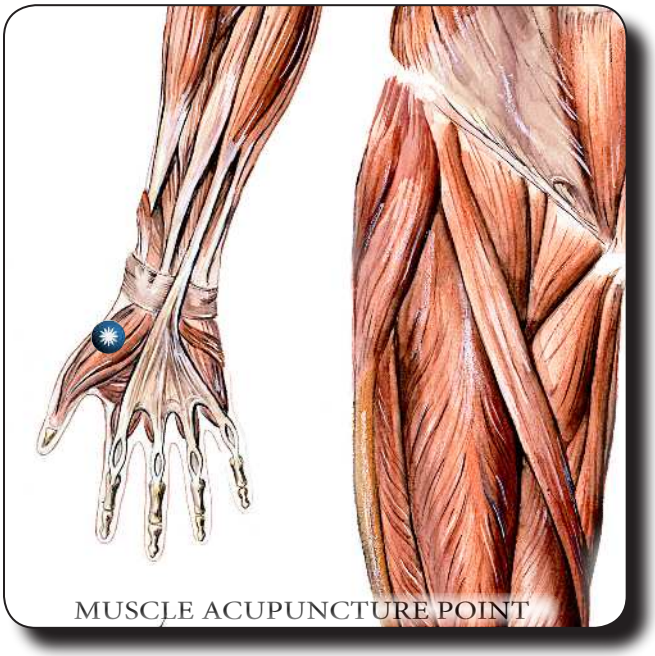

NEUROVASCULAR



NEUROLYMPHATIC

VOR I


VOR II


MUSCLE ACUPUNCTURE POINT

MUSCLE 710: *ILIACUS*

ORIGIN: Upper two-thirds of iliac fossa, inner lip of iliac crest, anterior sacroiliac and iliolumbar ligaments.

INSERTION: Front of lesser Trochanter.

ACTION: With the pelvis fixed, it flexes the thigh on the pelvis. With the leg fixed (sitting position) it flexes the pelvis on the thigh.

TEST:

Patient: Supine, 45° flexion and full external rotation of ipsilateral femur.

Doctor: Brace opposite ASIS, contact ipsilateral medial malleolus to extend hip through sagittal plane.

NEUROVASCULAR: (Lat) Parietal bone, superior to EAC halfway between superior temporal line and squamosal suture.

NEUROLYMPHATIC: (Post/R) 7th ICS, 4" lateral to spinous process.

VISCERAL ORGAN:

I. Colon - Ascending/Descending: (Ant/BL) Just medial to ASIS.

II. Lymphatics of Jejunum: (Ant/R) 3rd ICS at sternum.

M. A. P. : Lu10

V. L. : L4R

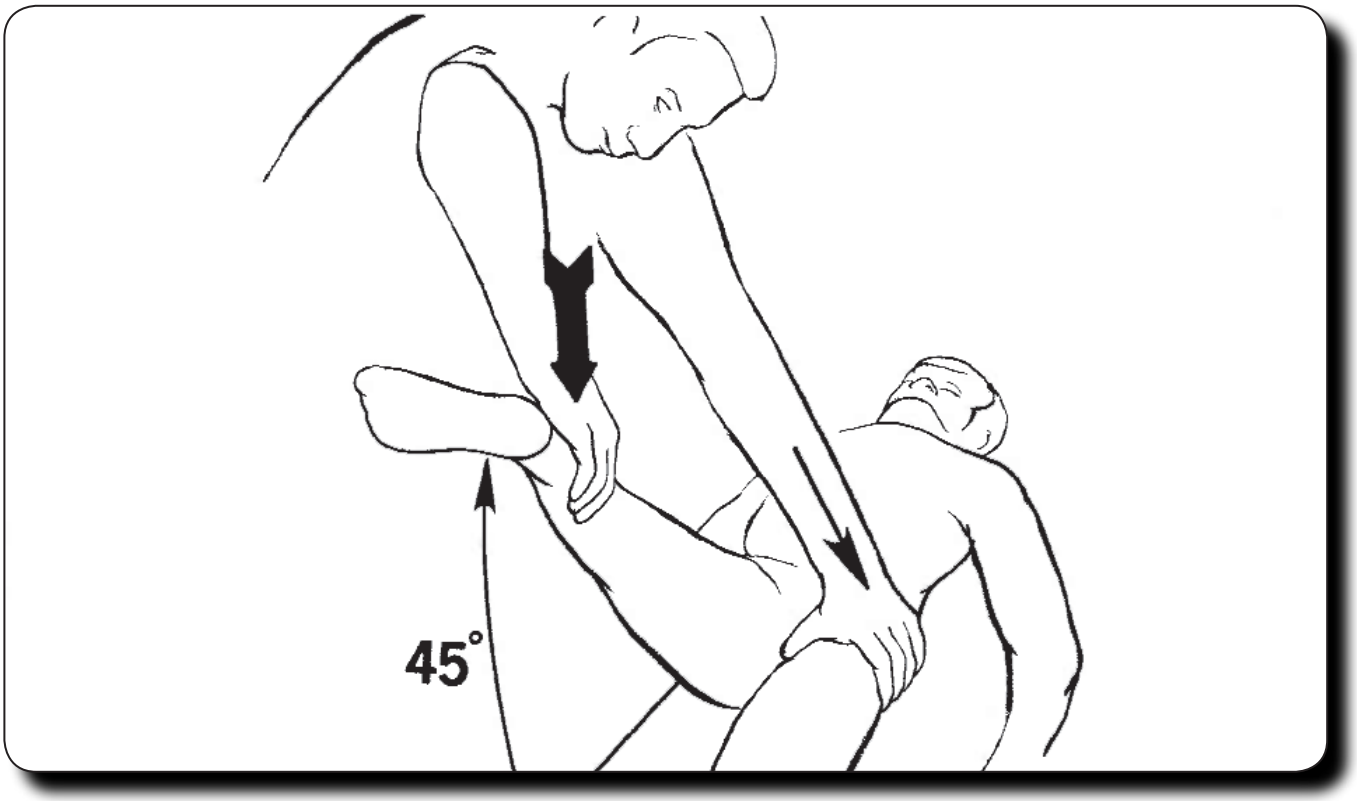
L. B. V.L. : C2R

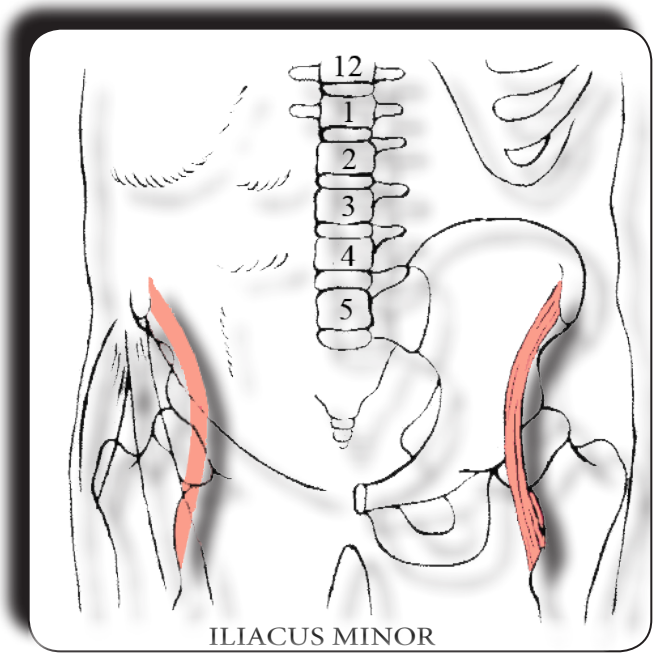
M. M. : L3

CRANIAL: Occipital torque

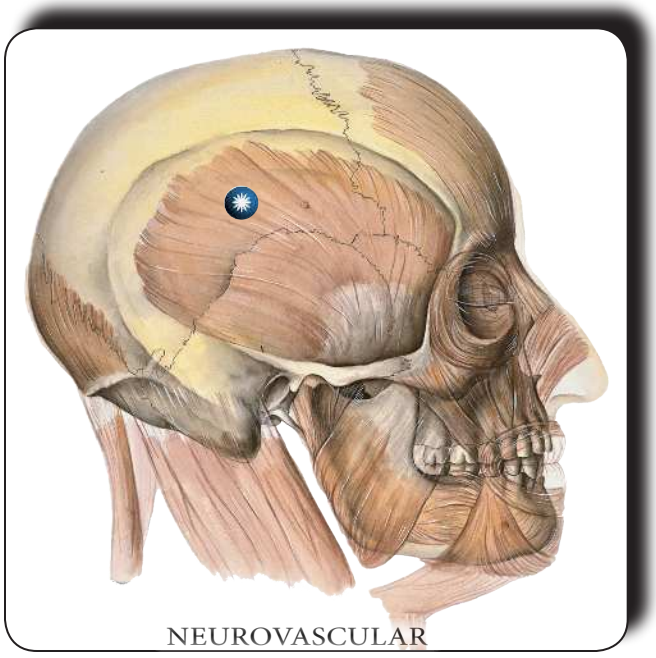
FOOT: Calcaneus

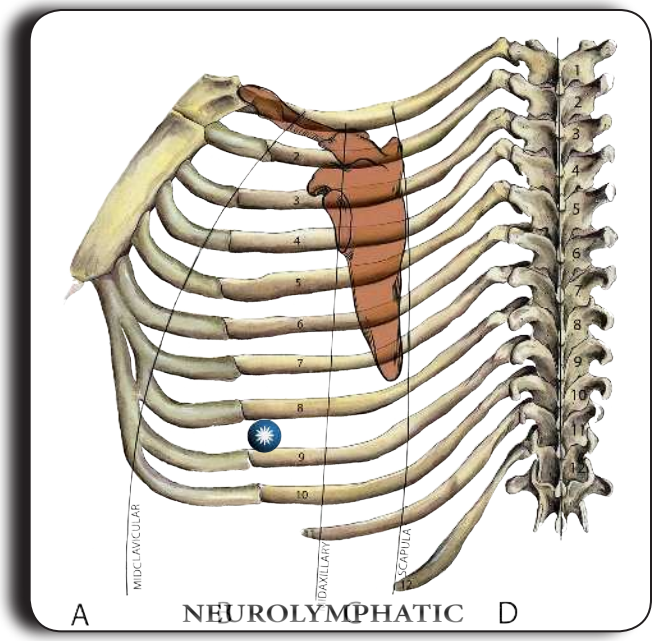
NUTRIENT SOURCE: Maganese
1. Core Level Manganese (NW)
*Disc Injuries



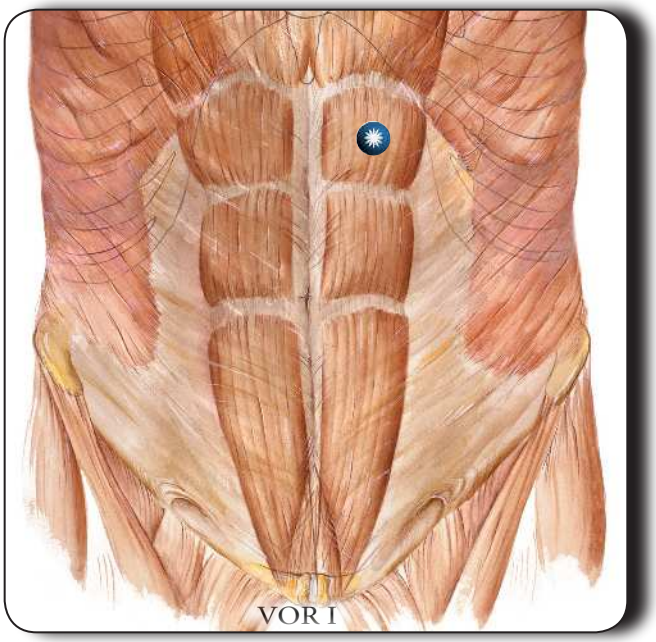


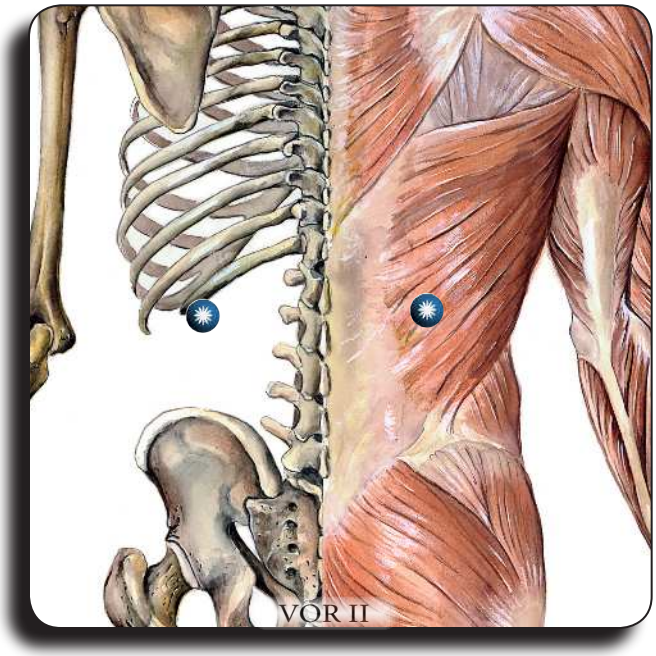
ILIACUS MINOR


NEUROVASCULAR



NEUROLYMPHATIC


VOR I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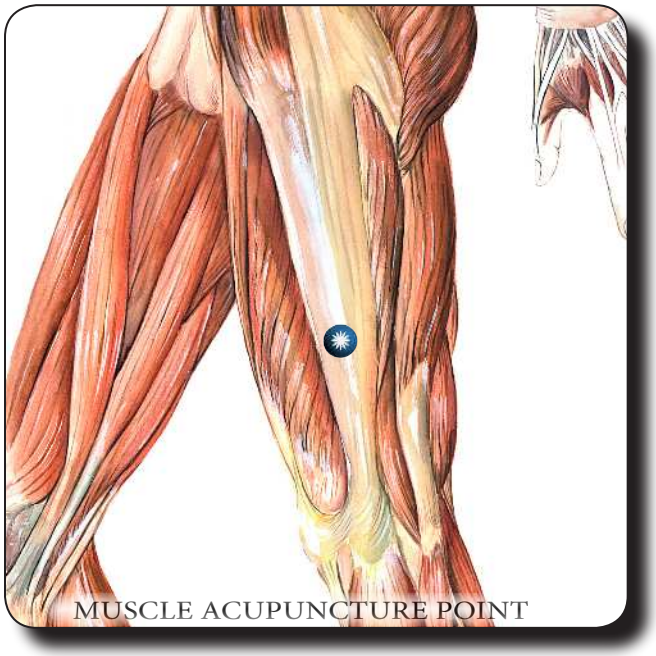

MUSCLE ACUPUNCTURE POINT

Muscle 712: *ILIACUS MINOR*

ORIGIN: Anterior inferior spine of the ilium.

INSERTION: Lower part of intertrochanteric line of femur and iliofemoral ligament.

ACTION: With the pelvis fixed, it flexes the thigh on the pelvis. With the leg fixed (sitting position) it flexes the pelvis on the thigh. Slight adduction.

TEST:

Patient: Supine, 45° flexion, 15° adduction and full external rotation of ipsilateral femur.

Doctor: Brace opposite ASIS, contact medial melleolus to abduct and extend leg 45° obliquely.

NEUROVASCULAR: (Lat) Parietal bone, 3/4" superior to squamosal suture, just posterior to EAC.

NEUROLYMPHATIC: (Lat/L) 8th ICS, near apex of scapula 6" lateral to spine.

VISCERAL ORGAN:

I. Pancreas - sugar: (Ant/L) 3rd section of Rectus abdominis, center of muscle.

II. Kidney: (Post/BL) 12th ICS, 1" medial from tip of 12th rib.

M. A. P. : G32

V. L. : T9L

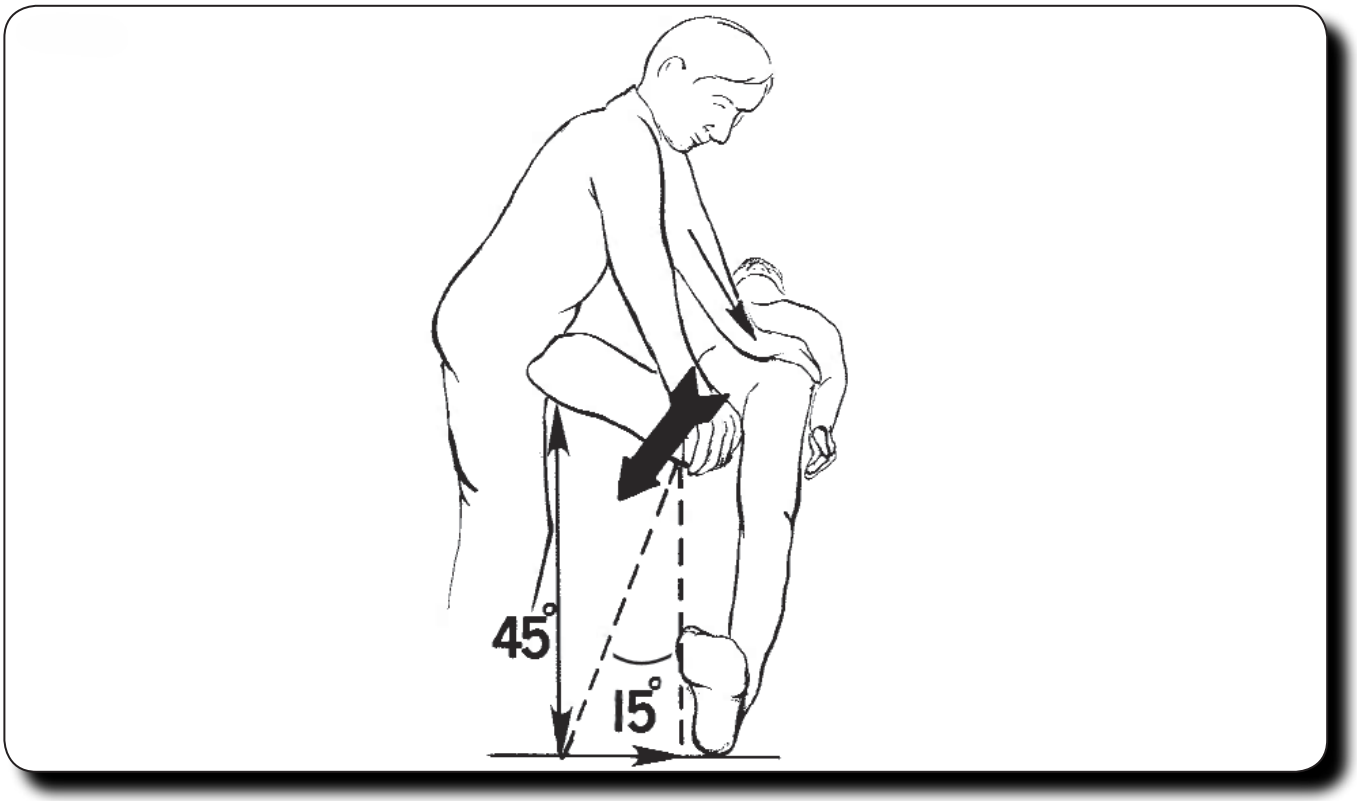
L. B. V.L. : T2L

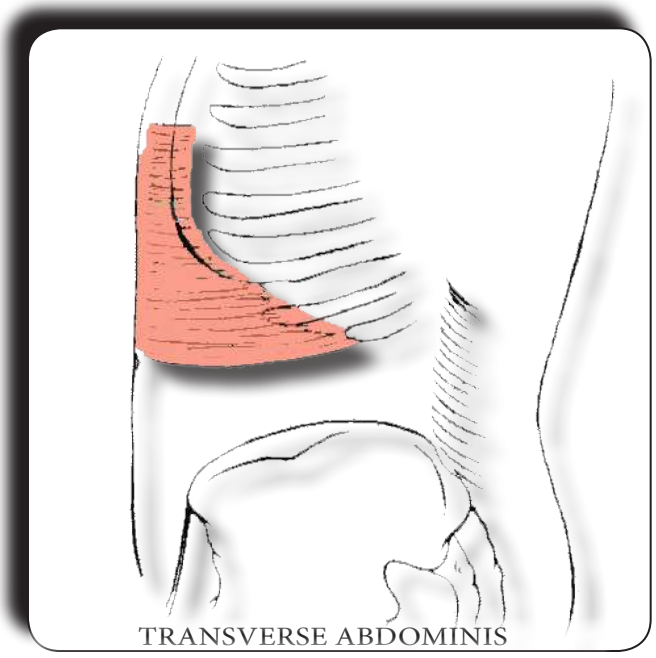
M. M. : L3

CRANIAL: Maxillary medial to lateral shift

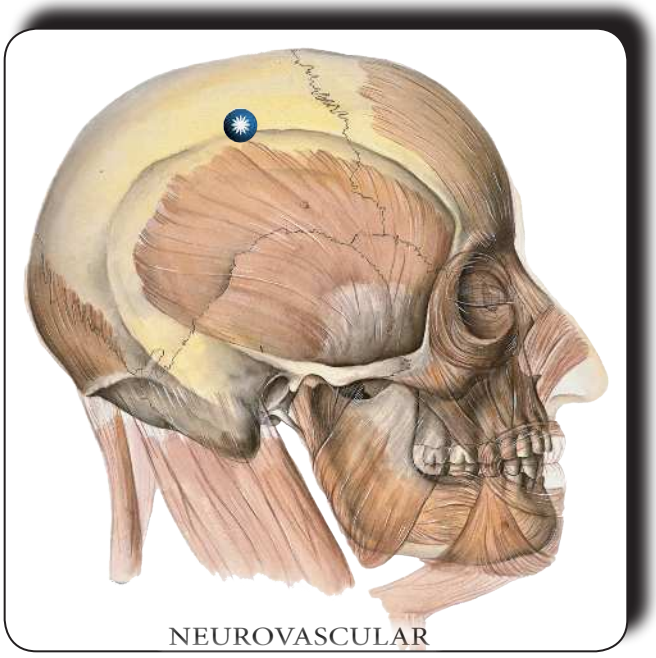
FOOT: 5th metatarsal

NUTRIENT SOURCE: Gold
1. Core Level Health Reserve (NW)

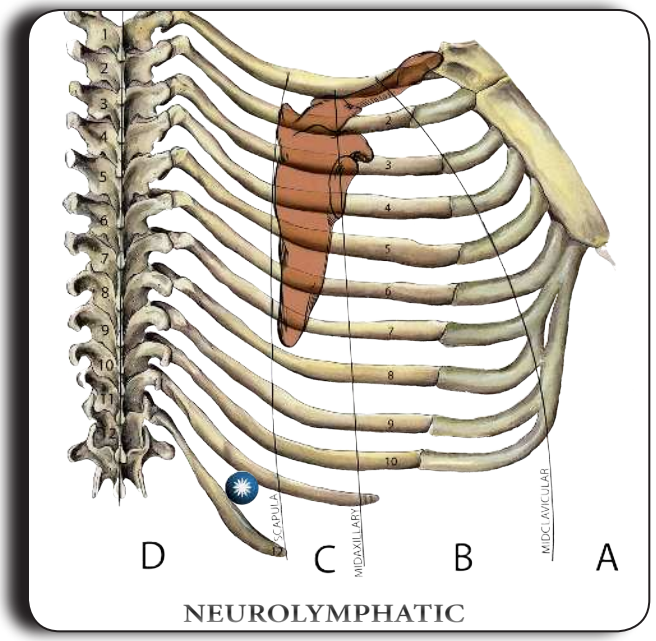




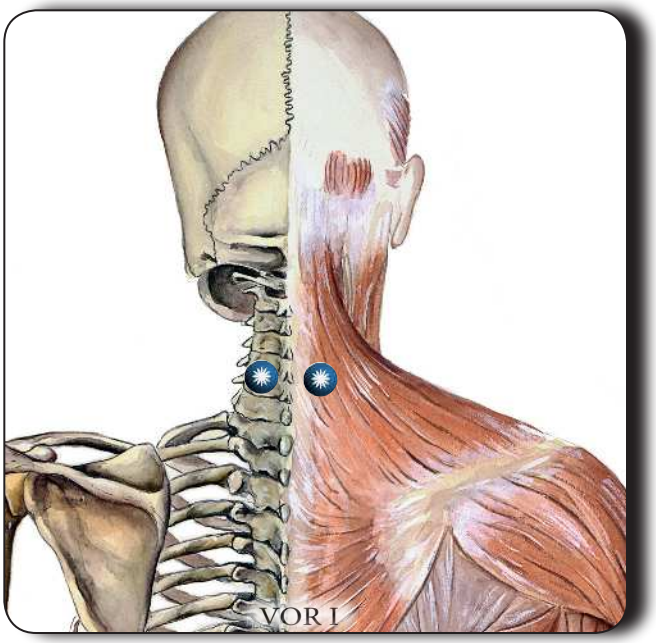
TRANSVERSE ABDOMINIS



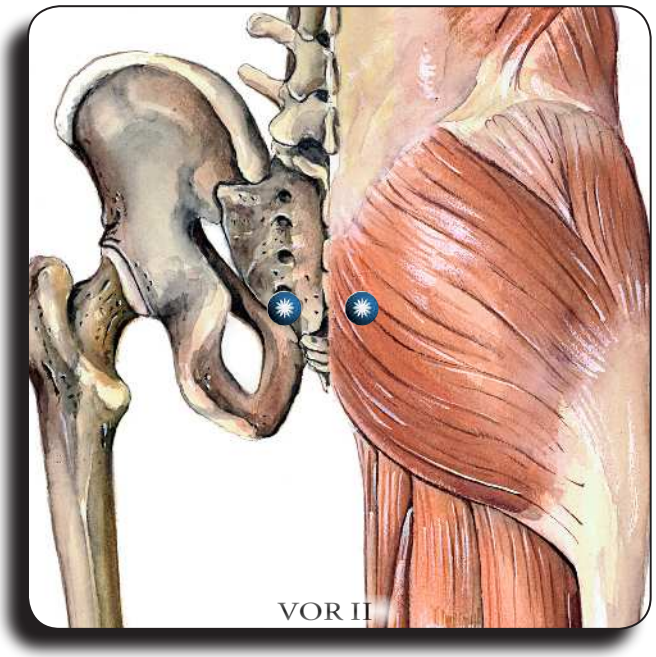
NEUROVASCULAR



NEUROLYMPHATIC



VOR I



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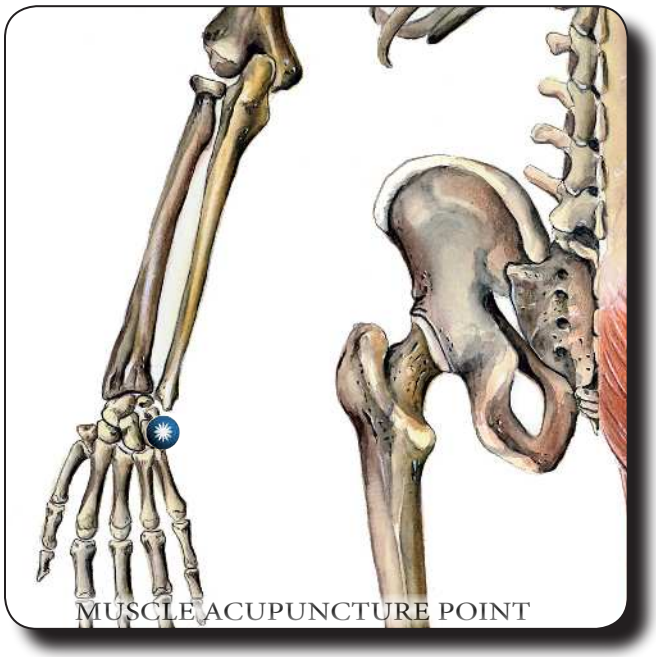


MUSCLE ACUPUNCTURE POINT

Muscle 714: TRANSVERSE ABDOMINIS, (Upper Division)

ORIGIN: Inner surface of cartilages of lower six ribs.

INSERTION: Linea alba superior to umbilicus.

ACTION: Compress the abdominal content. Flex and draws the lower six ribs across, toward the midline.

TEST:

Patient: Patient-Supine, trunk flexed 30° and rotated 45° facing opposite hip; keep thoracics extended.

Doctor: Brace opposite ASIS and with ipsilateral coracoid contact, counterrotate trunk through transverse plane.

NEUROVASCULAR: (Lat) Parietal bone, just superior to superior temporal line directly above ear.

NEUROLYMPHATIC: (Post/R)11th ICS, 4" lateral to spine.

VISCERAL ORGAN:

I. Salivary Glands: (Post/BL) Cervical spine, level of C5, 1/2" lateral to spinous process.

II. Posterior Pituitary: (Post/BL) B34 near tip of sacrum, 1/2" lateral to midline.

M. A. P. : Si5

V.L. : T7R

L. B. V.L. : T4R

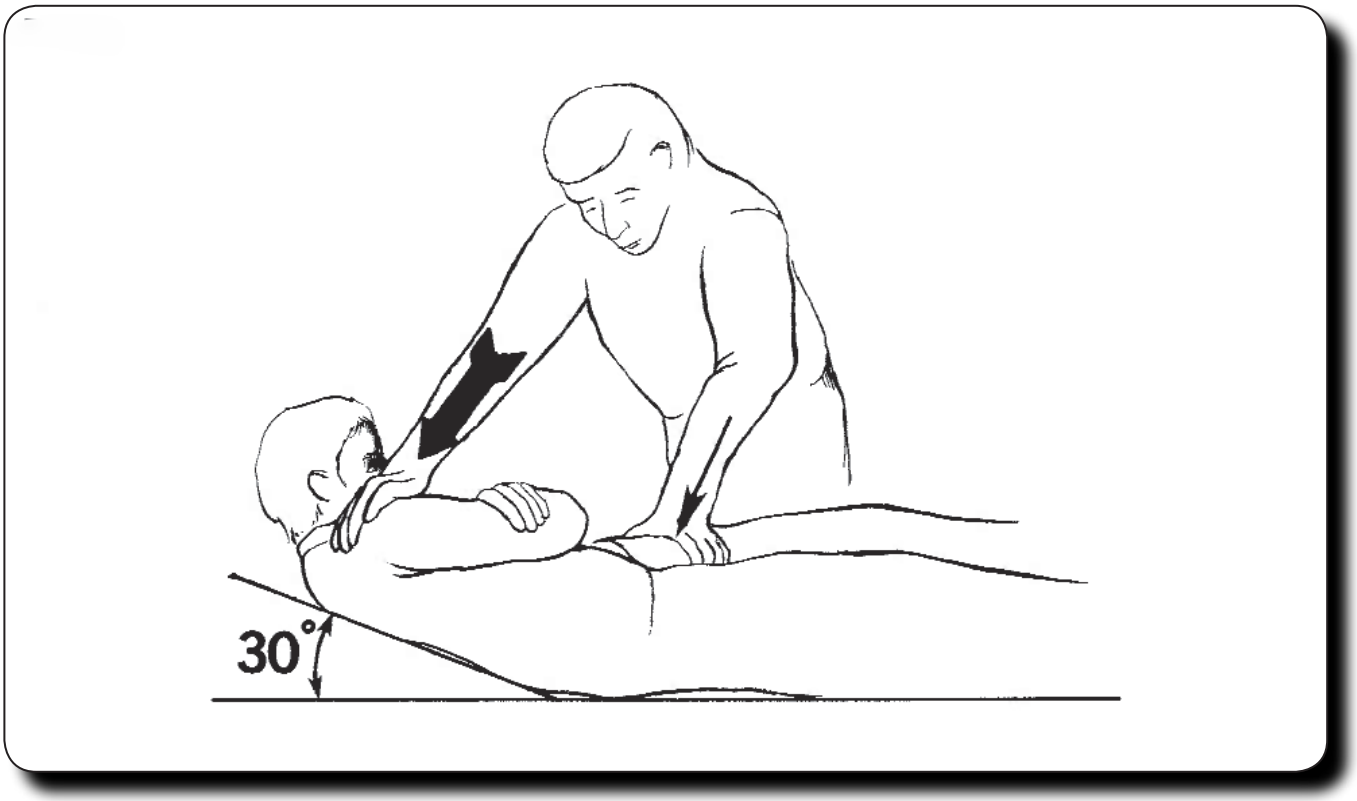
M. M. : T10

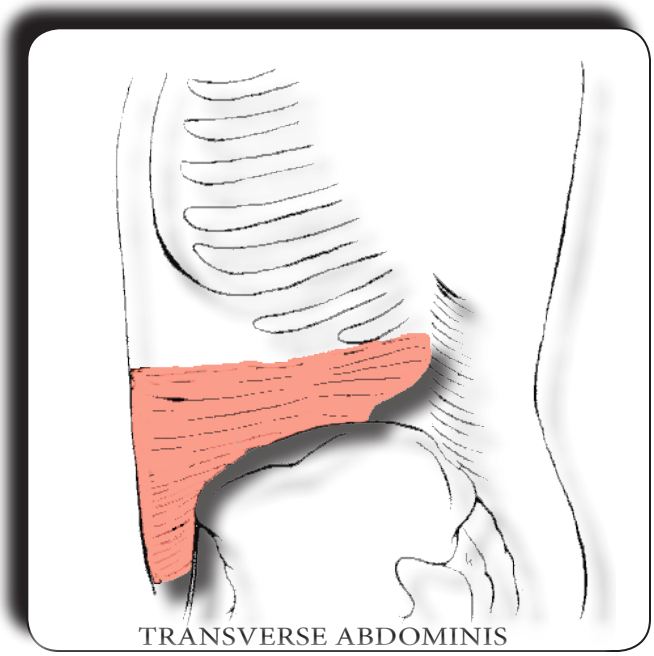
CRANIAL: Internal temporal

FOOT: Cuboid

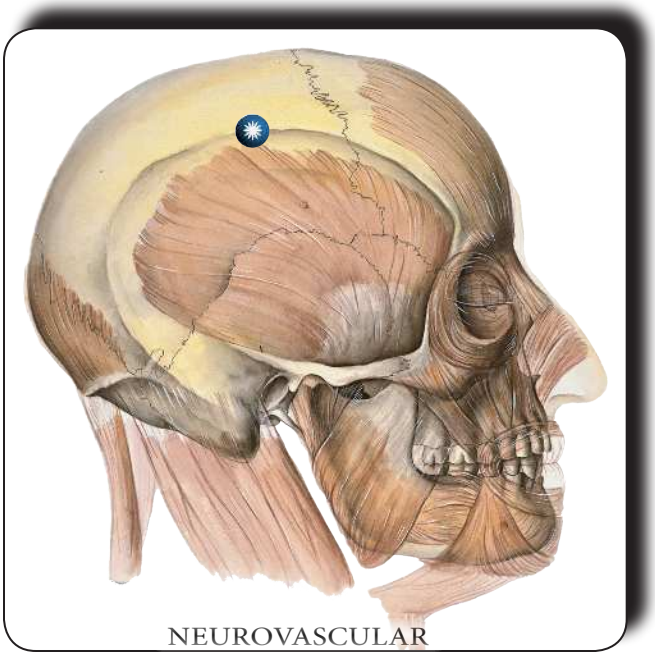
NUTRIENT SOURCE: Buckthorn

1. Core Level Lymph

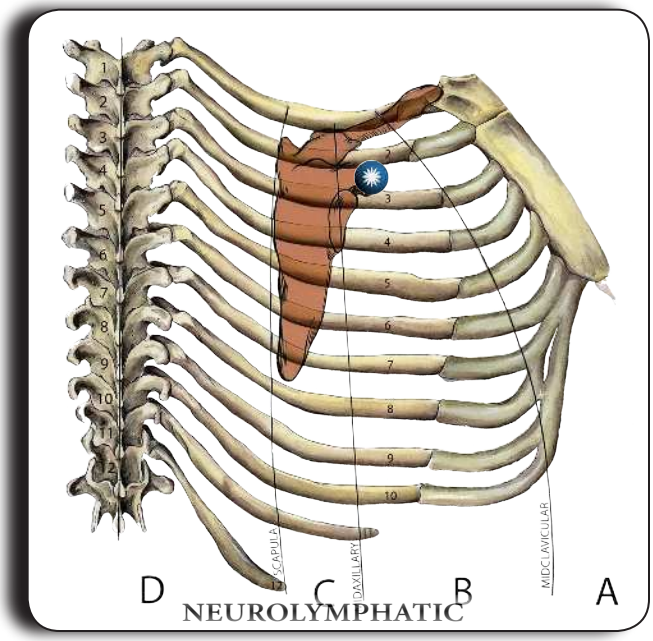




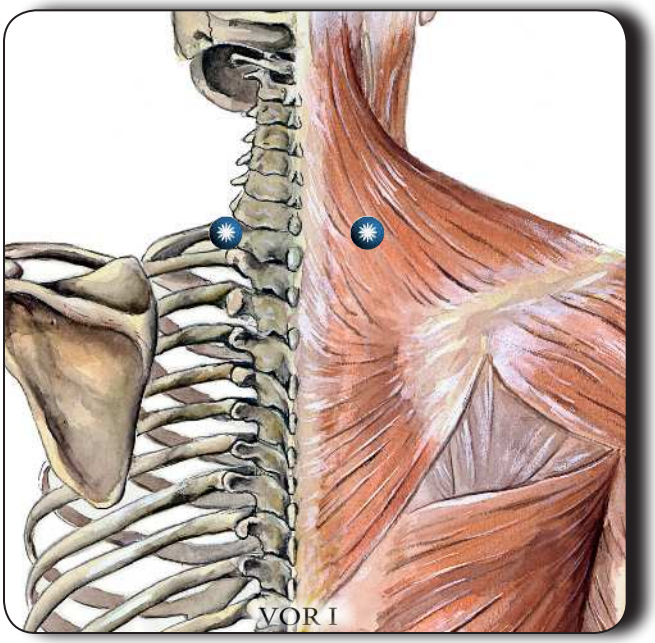
TRANSVERSE ABDOMINIS



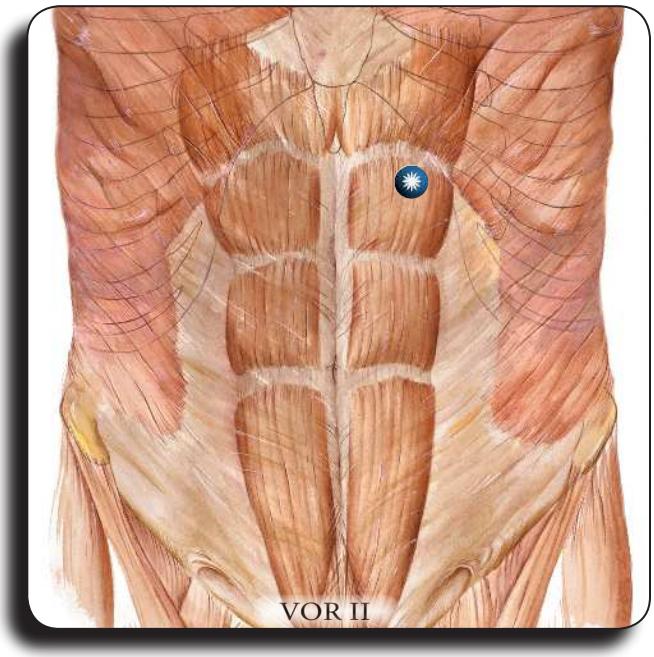
NEUROVASCULAR



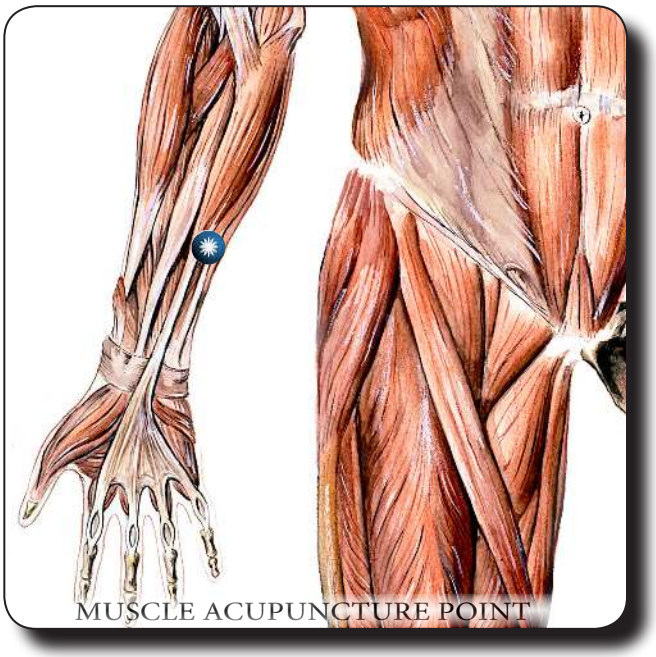
NEUROLYMPHATIC



VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 718: TRANSVERSE ABDOMINIS, (Lower Division)

ORIGIN: Lateral third of inguinal ligament, anterior 3/4 of internal edge of iliac crest, lumbodorsal fascia.

INSERTION: Into linea alba below umbilicus.

ACTION: Compress the abdominal contents. With the linea alba fixed, it draws the ASIS toward the midline.

TEST:

Patient: Supine, flex hip 100°, full knee flexion, full hip adduction with 30° pelvic rotation facing opposite hip.

Doctor: Brace opposite knee, contact medial side of knee to abduct hip and counterrotate pelvis.

NEUROVASCULAR: (Lat) Parietal bone, on superior temporal line directly above EAC.
*Neurovascular as described by George Goodheart, D.C.

NEUROLYMPHATIC: (Ant/R) 2nd ICS, near St15.

VISCERAL ORGAN:

I. Thymus: (Post/BL) A. Si15, junction of 1st rib and 1st thoracic vertebra.

II. Duodenum - descending portion: (Ant/L) middle of 3rd section of Rectus abdominis just below insertion.

M. A. P. : H3.8

V.L. : L1L

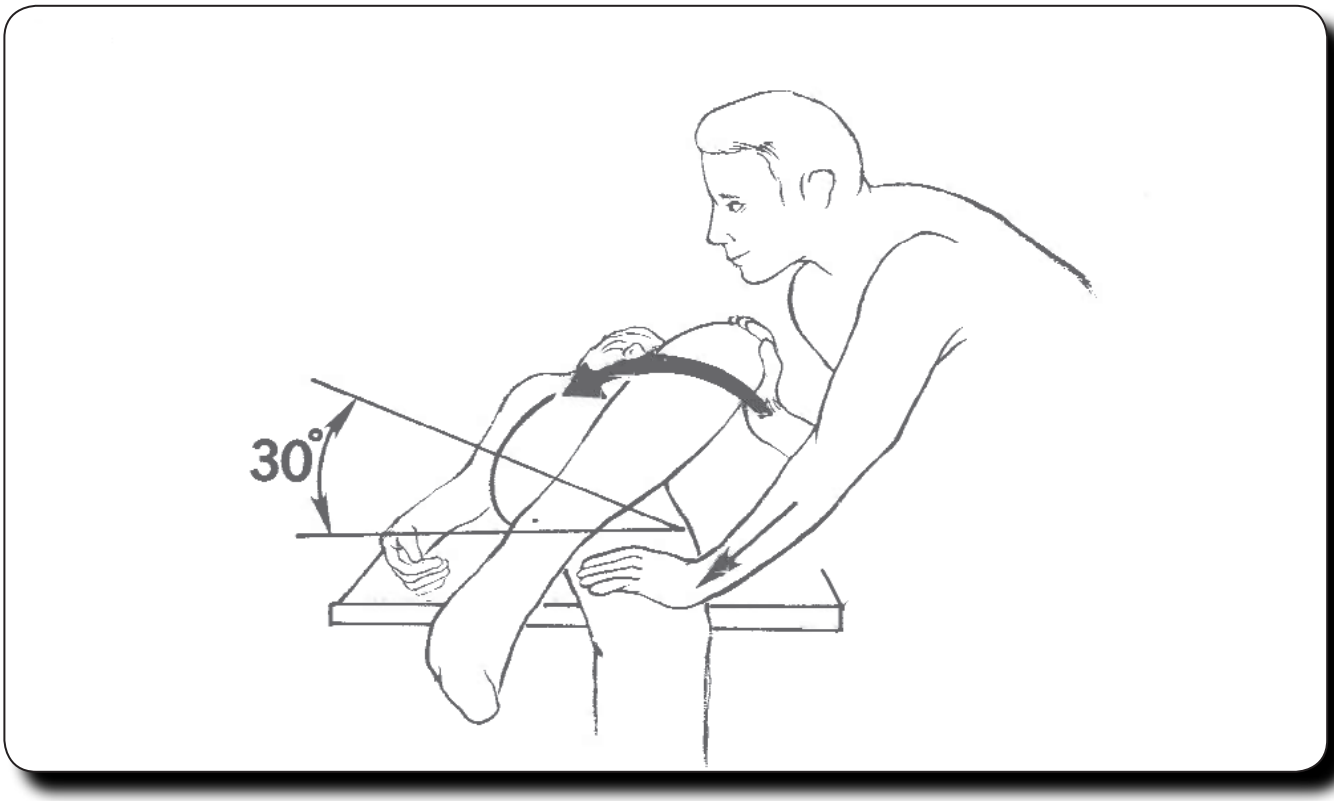
L. B. V.L. : C5L

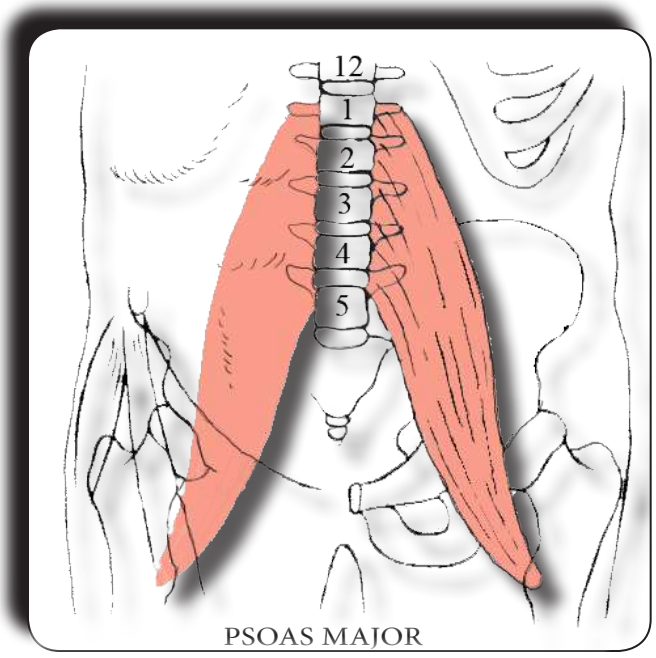
M. M. : T9

CRANIAL: Parietal bulge

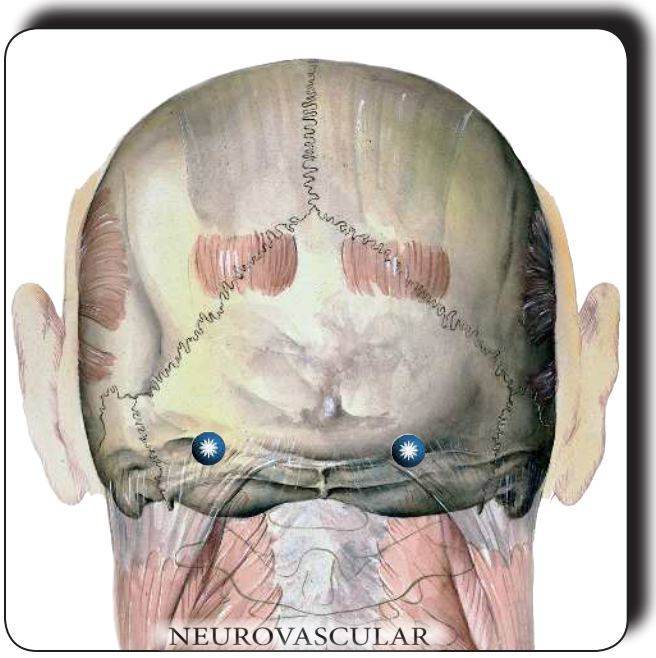
FOOT: Talus

NUTRIENT SOURCE:
1. Core Level Thymus (NW)
2. Carbo-met (NW)
3. Probiotics (NW)





PSOAS MAJOR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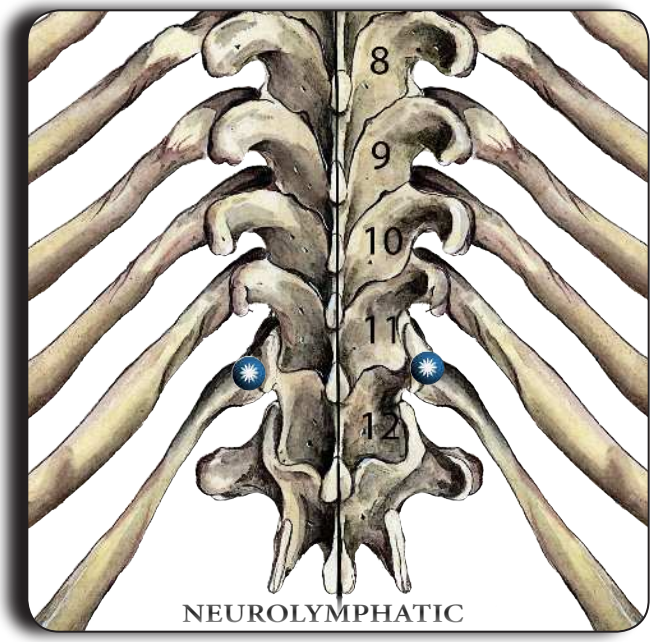
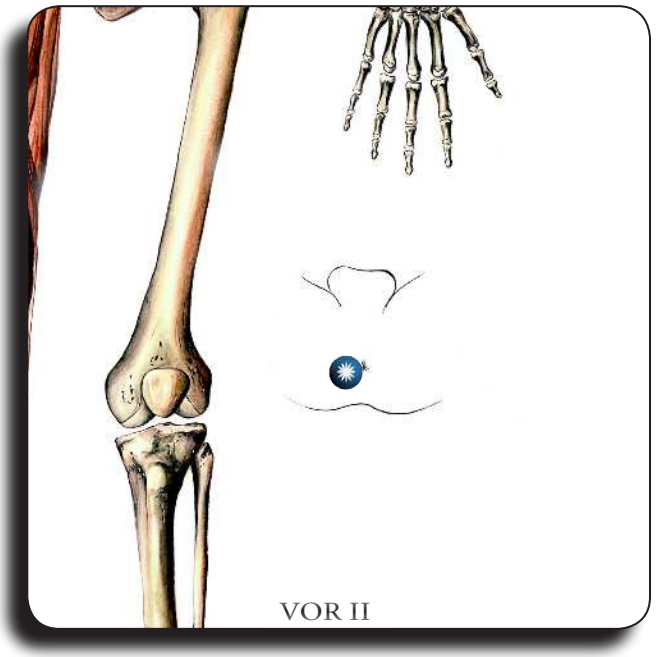
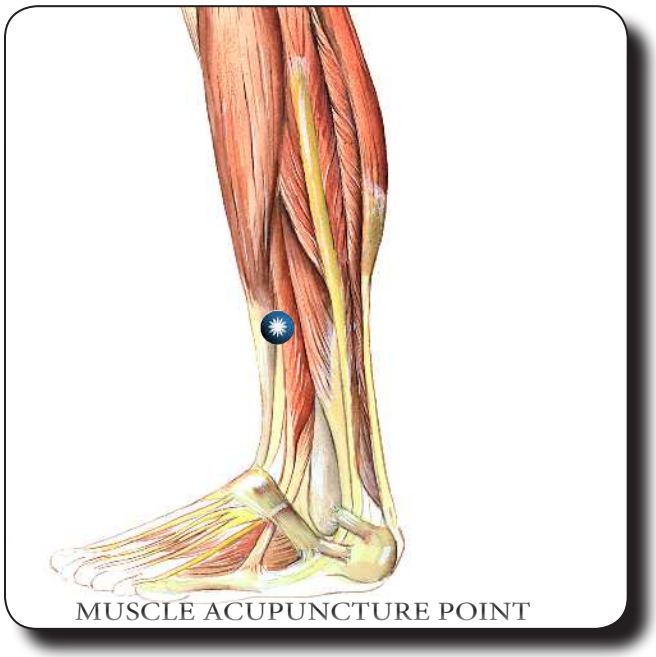


NEUROLYMPHATIC

VOR I


VOR II


MUSCLE ACUPUNCTURE POINT

Muscle 722: PSOAS MAJOR , (Lumbar Division)

ORIGIN: Anterior surface of transverse processes and lateral border of L2 through L5 and intervertebral discs T12-L4.

INSERTION: Lesser trochanter of femur.

ACTION: Flexion and external rotation of the thigh.

TEST:

Patient: Supine, 45° flexion, 30° abduction and full external rotation of ipsilateral femur.

Doctor: Brace opposite ASIS, contact ipsilateral malleolus to extend leg through sagittal plane.

NEUROVASCULAR: (Ant/BL) Occiput bone halfway between EOP and tip of mastoid on superior nuchal line.
*As described by Dr. Goodheart, D.C.

NEUROLYMPHATIC: (Post/BL) Junction 12th rib and transverse process T12.
*As described by Dr. Goodheart, D.C.

VISCERAL ORGAN:

I. Kidney: (Ant/BL) 1"superior and 1" lateral to umbilicus.
*As described by Dr. Goodheart, D.C.

II. Internal rectal sphincter: 9 o'clock on rectal aperture.

M. A. P. : G37

V.L. : L1L

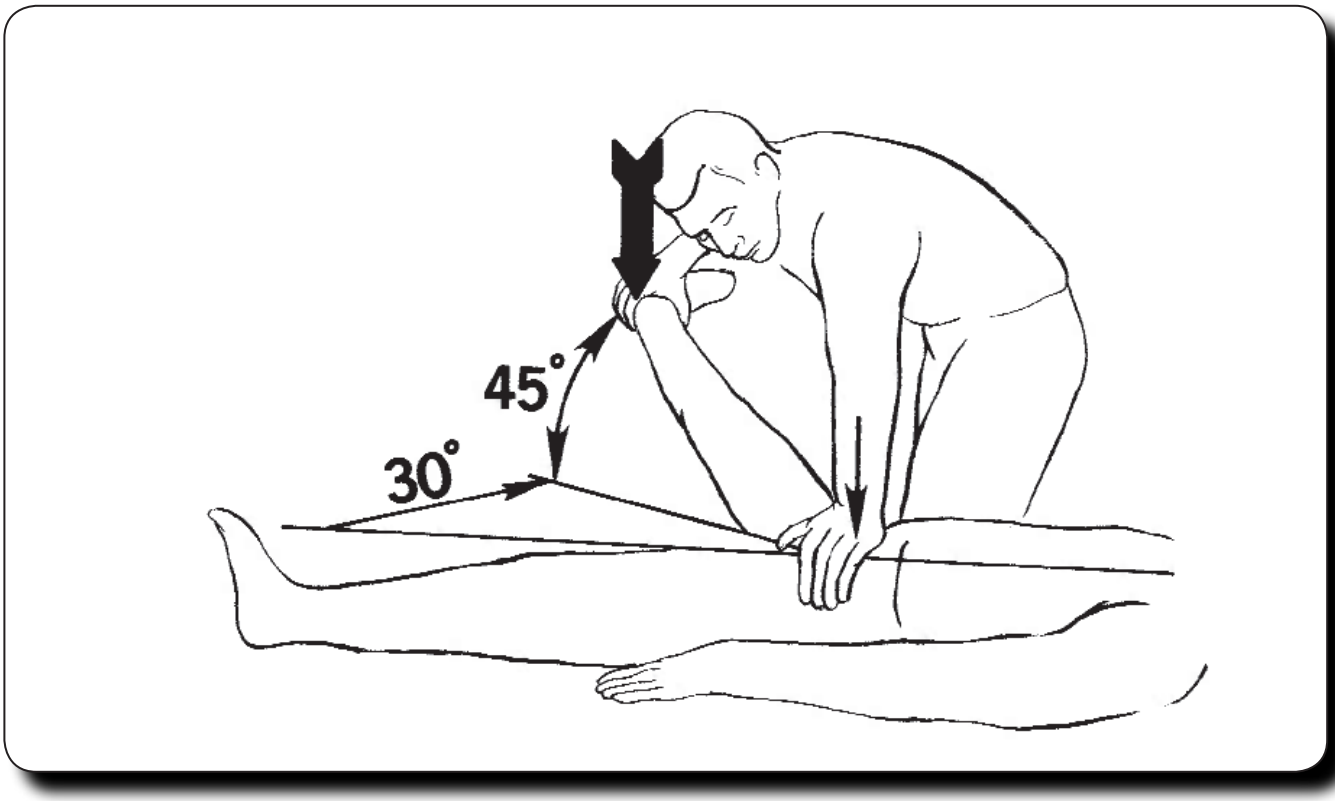
L. B. V.L. : C5L

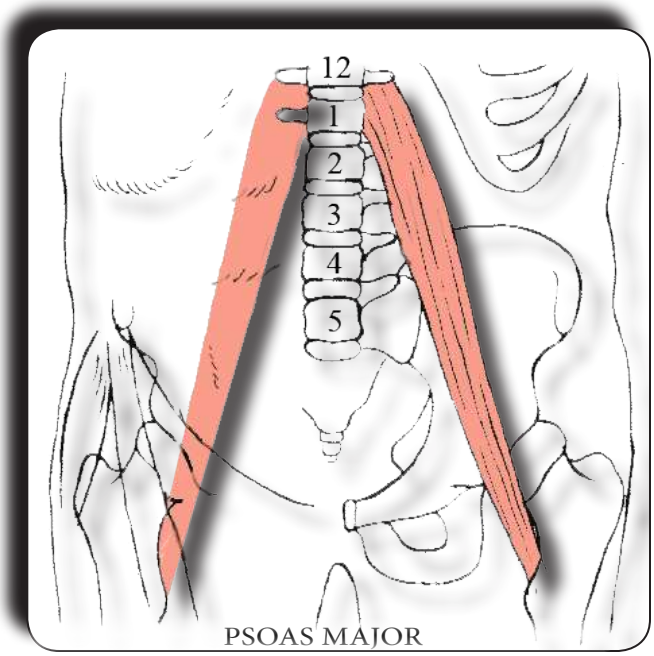
M. M. : L4

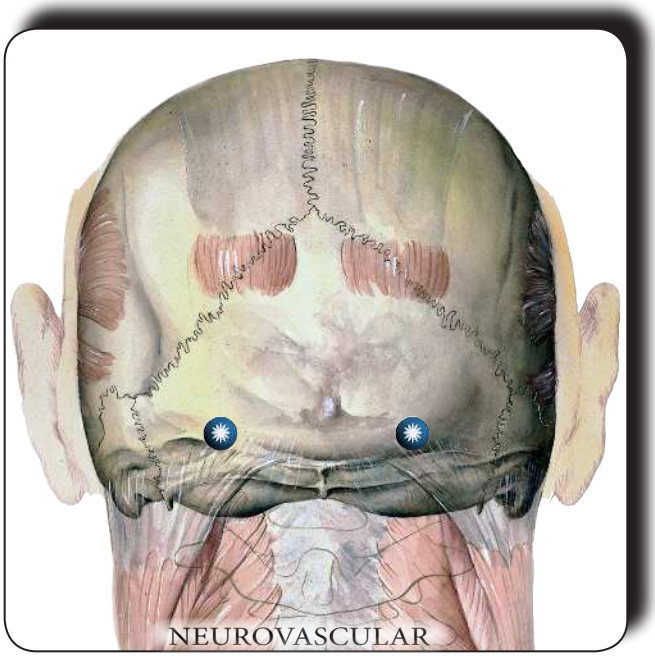
CRANIAL: A-P Rocker (diagnostic)

FOOT: In Research

NUTRIENT SOURCE: Phosphorus
1. Phos-drops (NW)
2. Cal-phos (NW)




12
1
2
3
4
5
PSOAS MAJOR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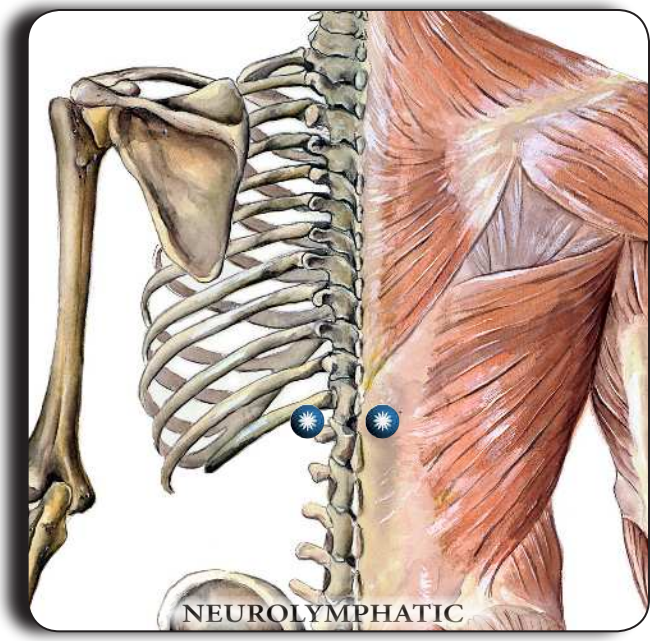
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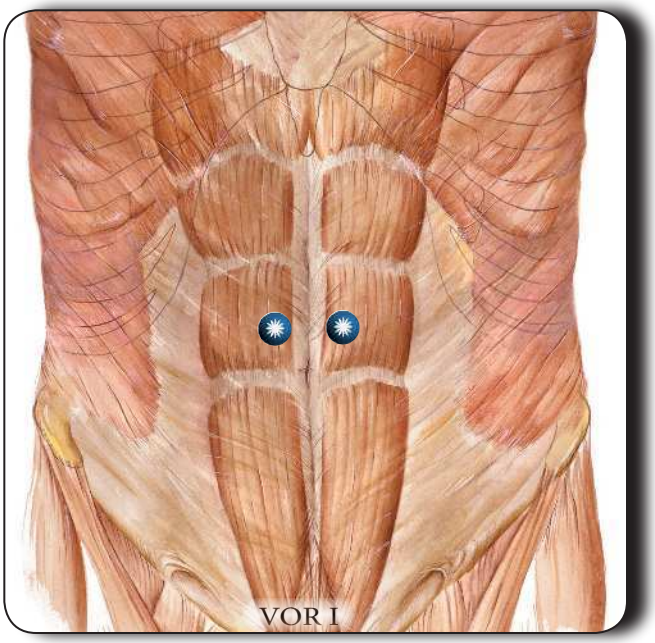
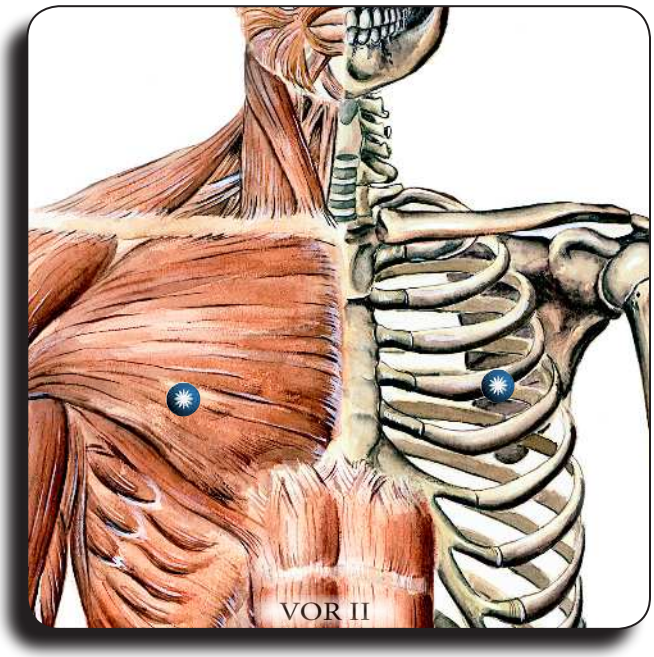

VOR I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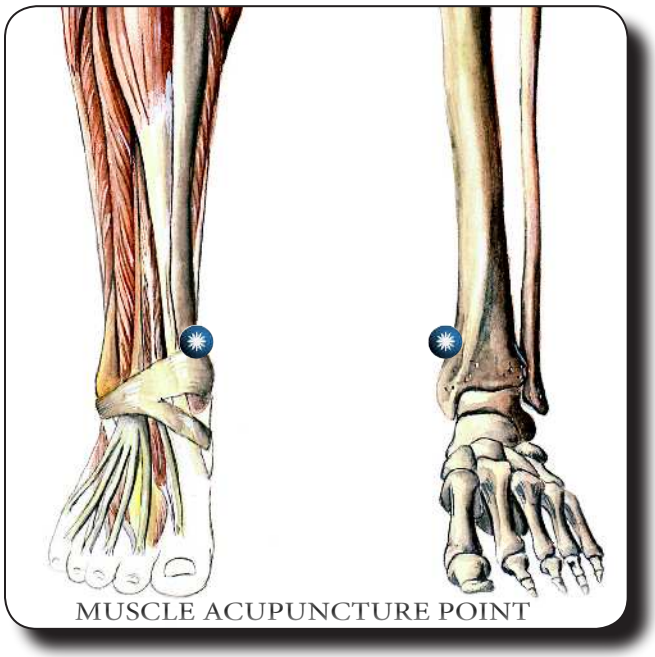

MUSCLE ACUPUNCTURE POINT

Muscle 724: PSOAS MAJOR, (Thoracic Division)

ORIGIN: Transverse process of T12 and L1.

INSERTION: Lesser trochanter of femur.

ACTION: Flexion and external rotation of the thigh. Flexion of the trunk.

TEST:

Patient: Patient-Supine, 30° flexion, 30° abduction and full external rotation of ipsilateral femur.

Doctor: Brace opposite ASIS, contact ipsilateral malleolus to extend leg through sagittal plane.

NEUROVASCULAR: (Ant/BL) Occipital bone-halfway between tip of mastoid and EOP just above superior nuchal line.

NEUROLYMPHATIC: (Post/BL) Between T12 and L1,1" lateral to spine.

VISCERAL ORGAN:

I. Kidney: (Ant/BL) 1" superior, 1/2" lateral to umbilicus.

II. Mammary: (Ant/BL) 1 o'clock on border of nipple.

M. A. P. : Lv4.2

V.L. : T12R

L. B. V.L. : C6R

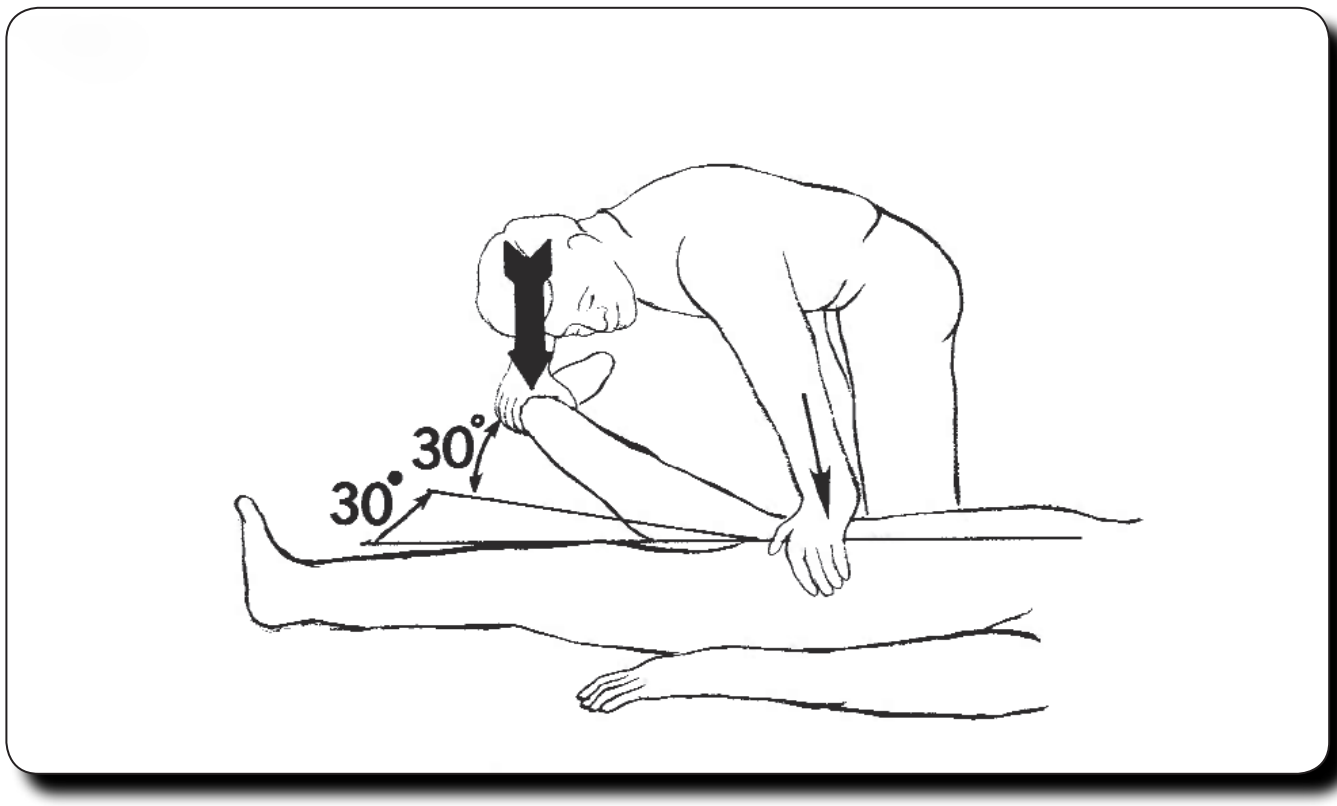
M. M. : L3

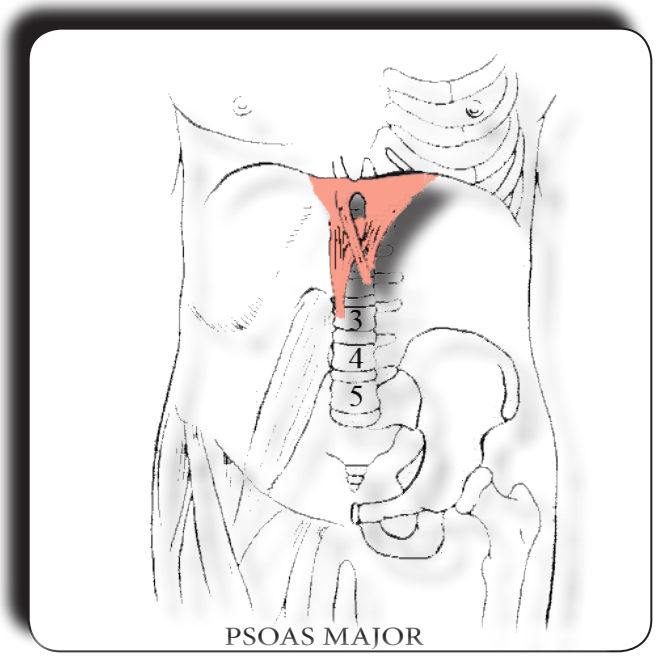
CRANIAL: Rotation Rocker (diagnostic)

FOOT: In Research

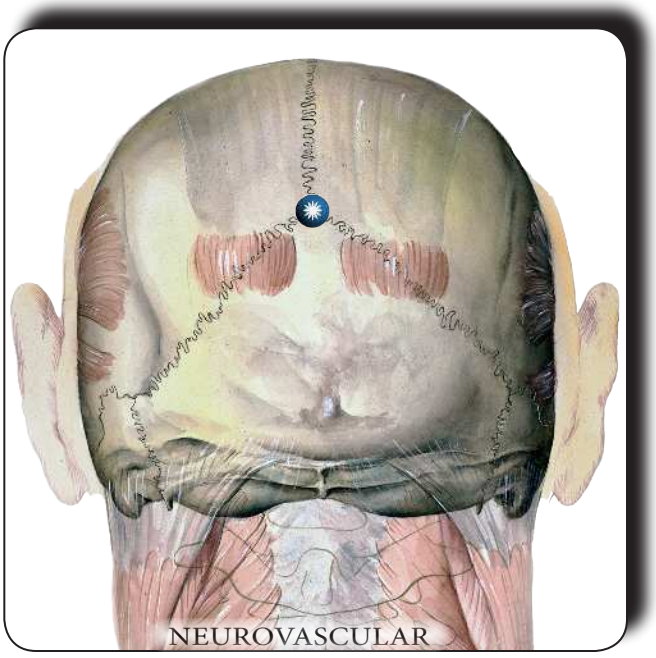
NUTRIENT SOURCE:

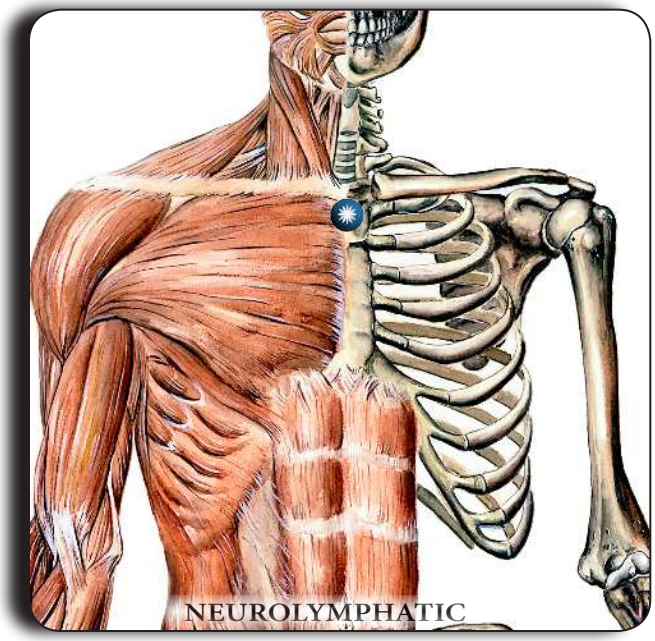
1. Core Level Kidney

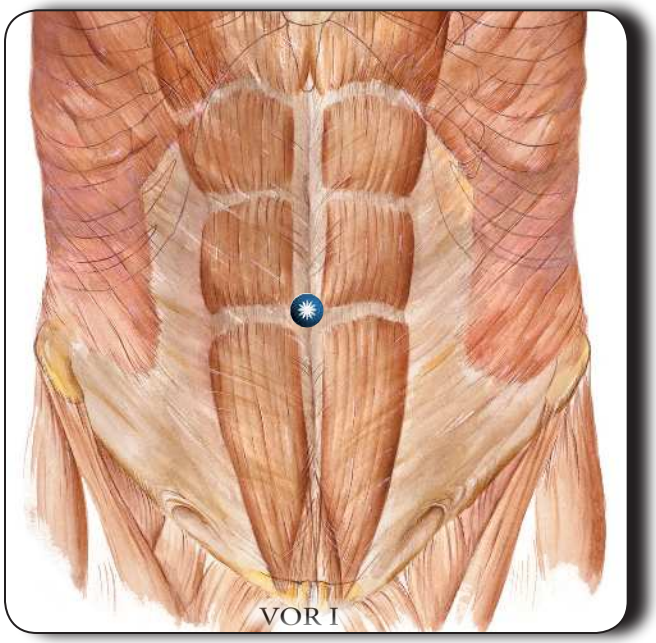


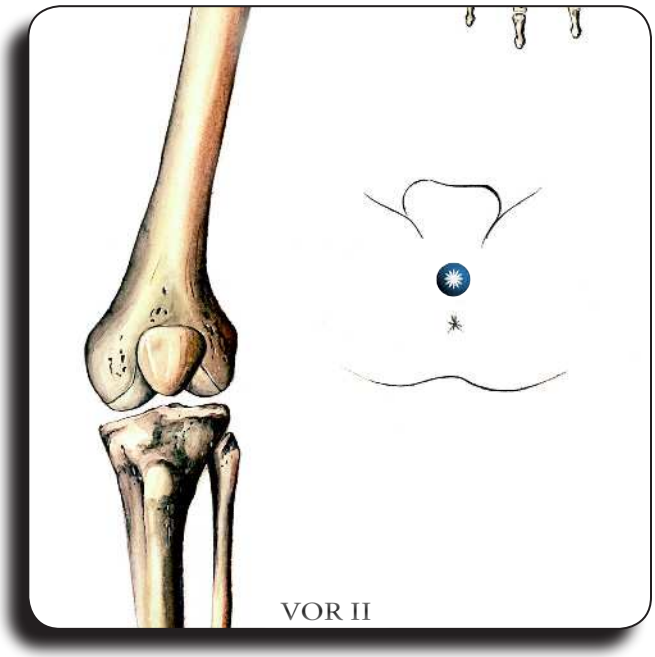


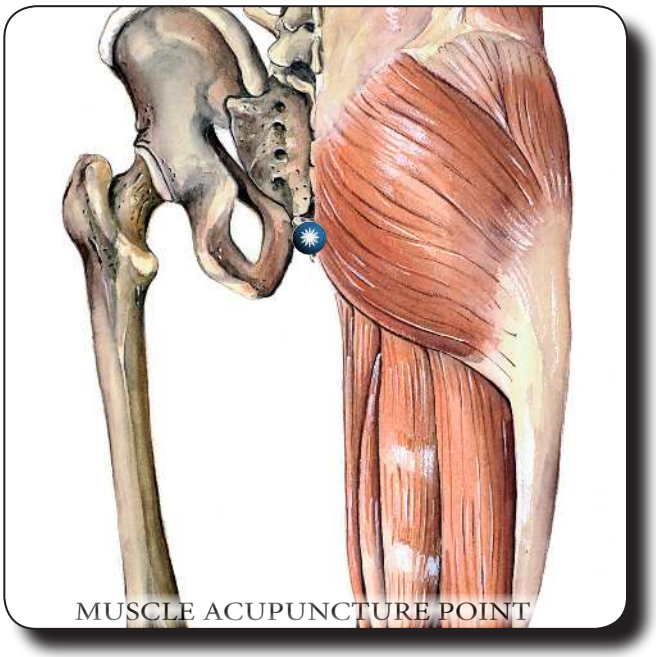
PSOAS MAJOR


NEUROVASCULAR


NEUROLYMPHATIC


VOR I


VOR II


MUSCLE ACUPUNCTURE POINT

726 PSOAS MAJOR, (Diaphragmatic Division)

Muscle 726: PSOAS MAJOR, (Diaphragmatic Division)

ORIGIN: Right crus-Anterior surfaces of bodies and fibrocartilage of upper 3 lumbar vertebrae; Left crus Anterior bodies and fibrocartilage of upper 2 lumbar vertebrae (contact-medial border linea alba).

INSERTION: Central tendon-contact midcentral part of xiphoid process.

ACTION: Flexion and external rotation of the thigh. Flexion of the trunk

TEST:

Patient: Supine, 30° abduction, 0° flexion and full external rotation of ipsilateral femur.

Doctor: Brace opposite ASIS, contact ipsilateral malleolus to extend leg through sagittal plane.

NEUROVASCULAR: (Post/Midline) Posterior fontanel and Adrenal neurovascular.

*As described by Dr. Goodheart, D.C.

NEUROLYMPHATIC: (Ant/Midline) Center of manubrium at Cv 21.

VISCERAL ORGAN:

I. Adrenals: (Ant/Midline) center of umbilicus.

II. Bladder: Cv1, center of perineum.

M. A. P. : Gv2

V.L. : T12L

L. B. V.L. : C6L

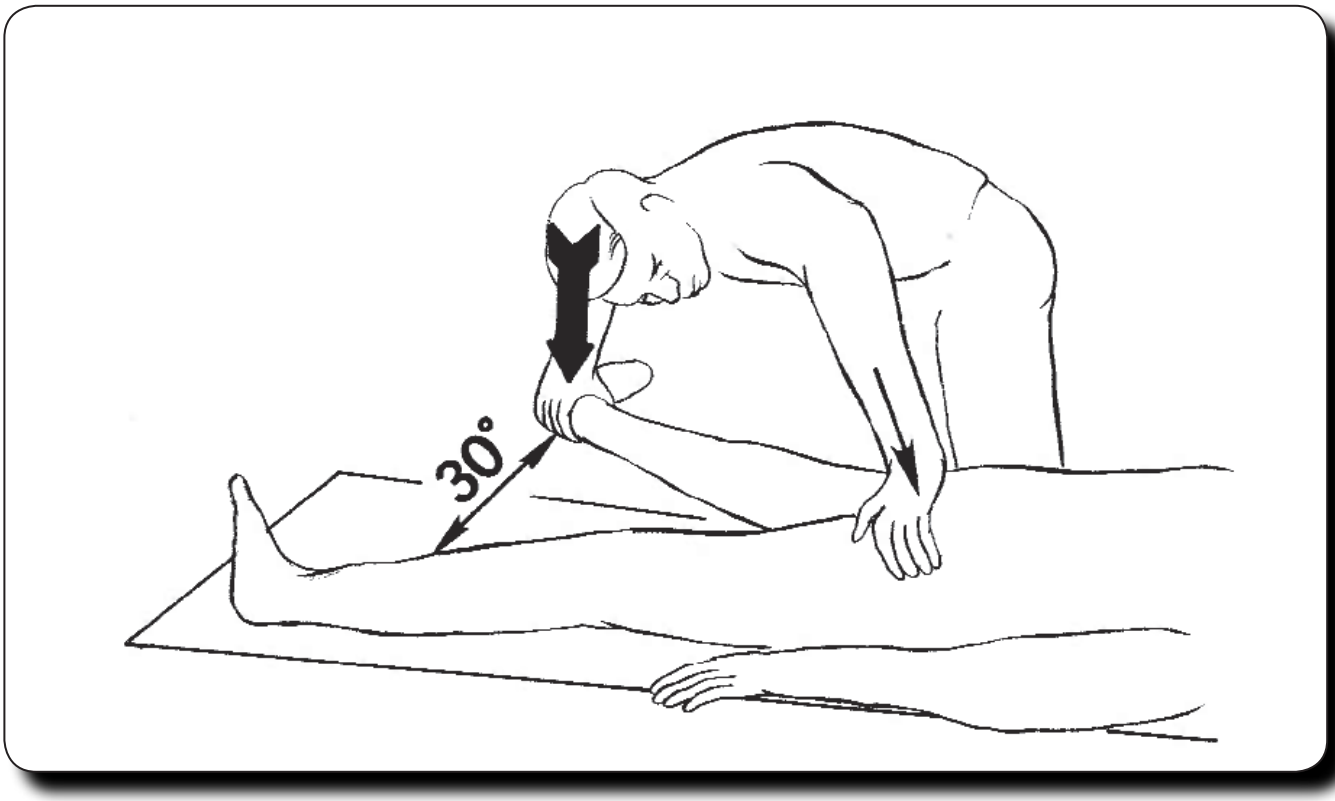
M. M. : L2

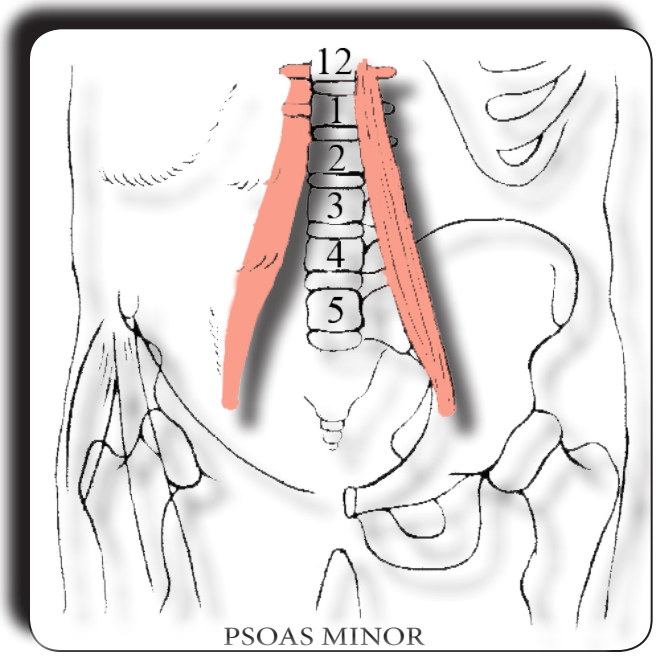
CRANIAL: Glabella

FOOT: 3rd metatarsal

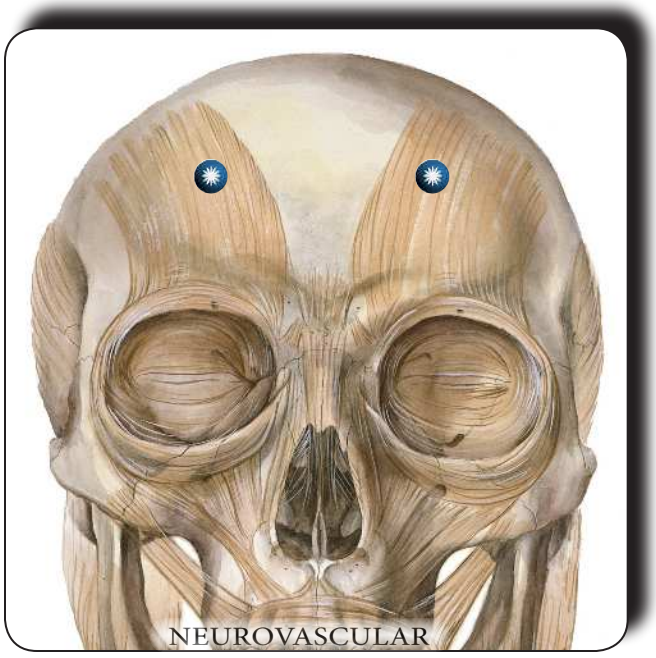
NUTRIENT SOURCE: Vitamin C

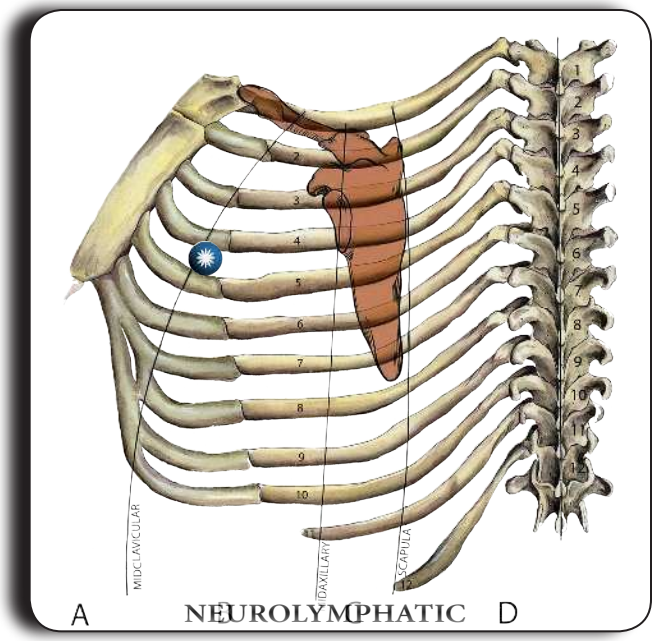
1. Core Level Vitamin C (NW)





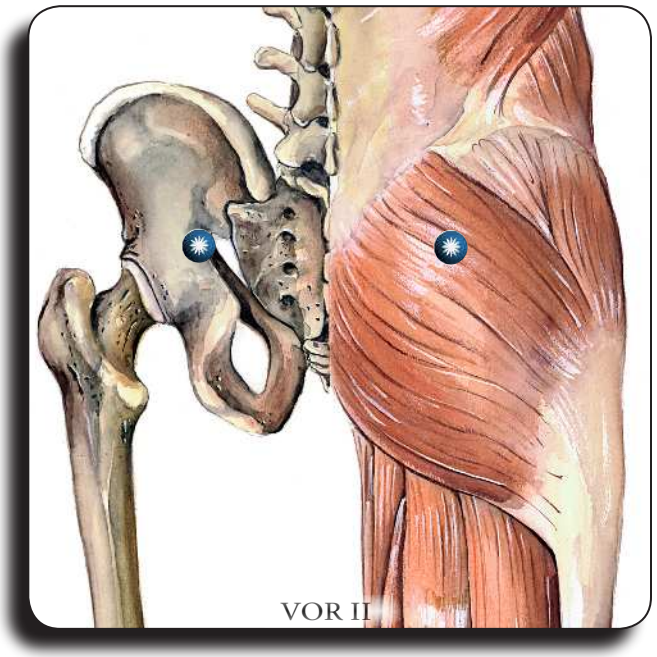
PSOAS MINOR

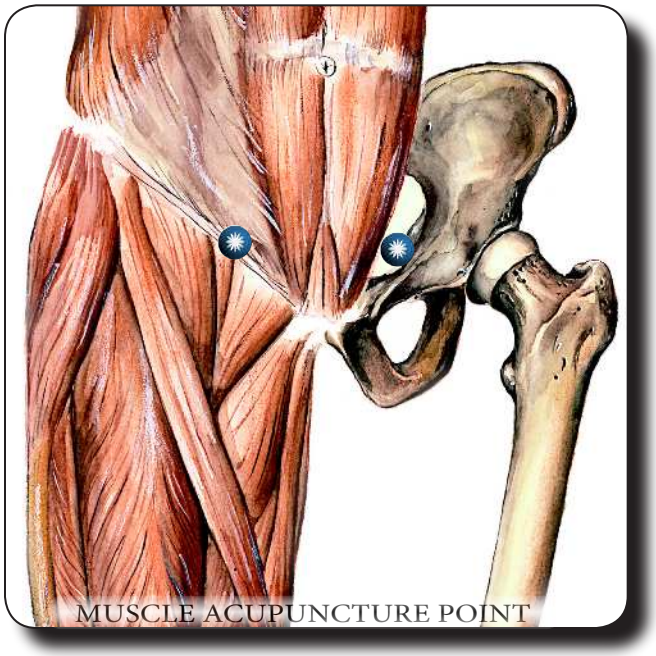

NEUROVASCULAR



NEUROLYMPHATIC

VOR I


VOR II


MUSCLE ACUPUNCTURE POINT

Muscle 728: PSOAS MINOR

ORIGIN: Vertebral margins of 12th thoracic and 1st lumbar vertebra, corresponding intervertebral disc.

INSERTION: Pectineal line and ileopectineal eminence of ilium (above origin of Obturator internus).

ACTION: Flexion of the trunk on the pelvis.

TEST:

Patient: Supine, internally rotate ipsilateral femur, trunk flexed 60 ° and rotated 23° facing opposite knee; cross arms on chest, thoracics extended.

Doctor: Brace ipsilateral knee and with mid-clavicular contact, extend trunk through sagittal plane.

NEUROVASCULAR: (Ant/BL) Frontal bone-halfway between frontal eminence and hairline.

NEUROLYMPHATIC: (Ant/L) 4th ICS, 2" lateral to sternum.

VISCERAL ORGAN:

I. Lymphatics of stomach: (Ant/R) 4th section Rectus abdominis near level of 6th rib and muscular junction.

II. Posterior Pituitary: (Post/BL) B48, level of S3 in belly of Gluteus maximus, sacral division.

M. A. P. : St29

V.L. : L5R

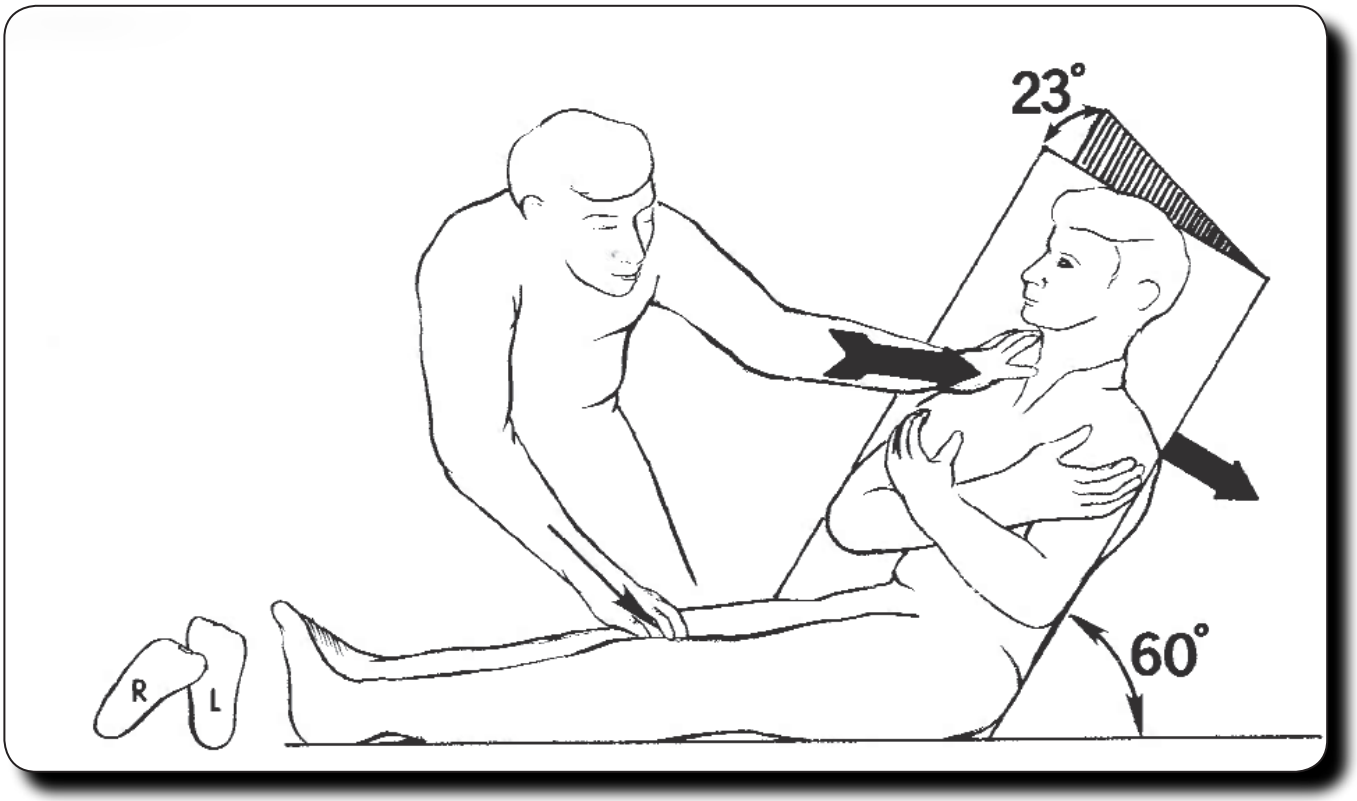
L. B. V.L. : C1R

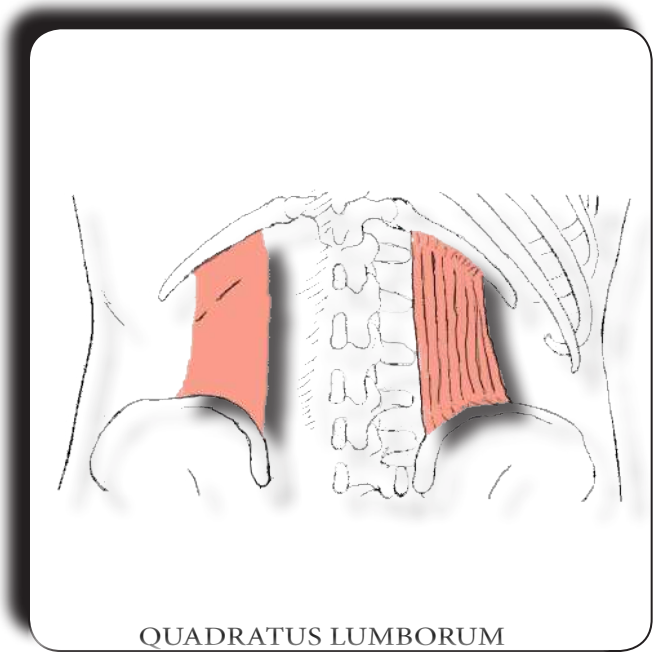
M. M. : L2

CRANIAL: Maxillary, anterior to posterior.

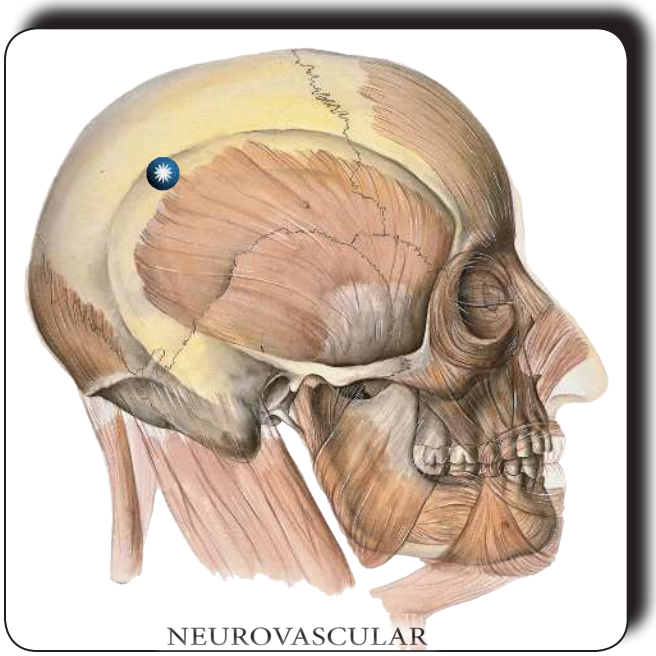
FOOT: 3rd metatarsal

NUTRIENT SOURCE: Iodine
1. Core Level Thyroid (NW)

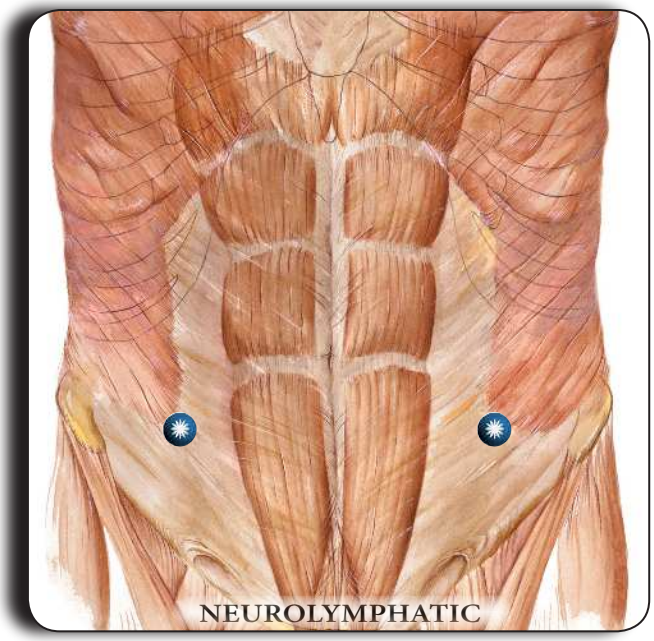




QUADRATUS LUMBORUM



NEUROVASCULAR



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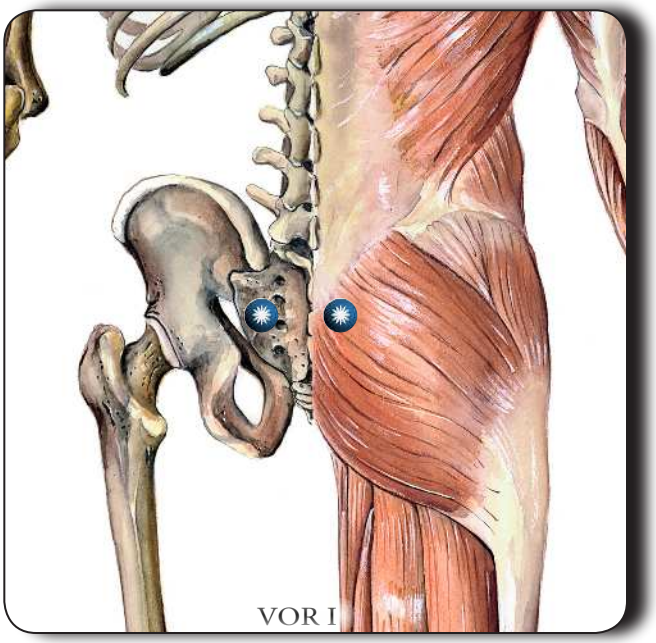

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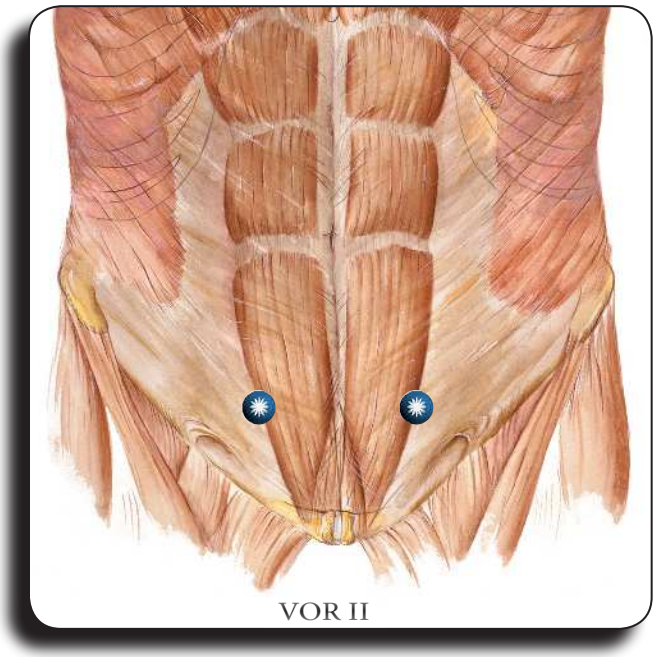

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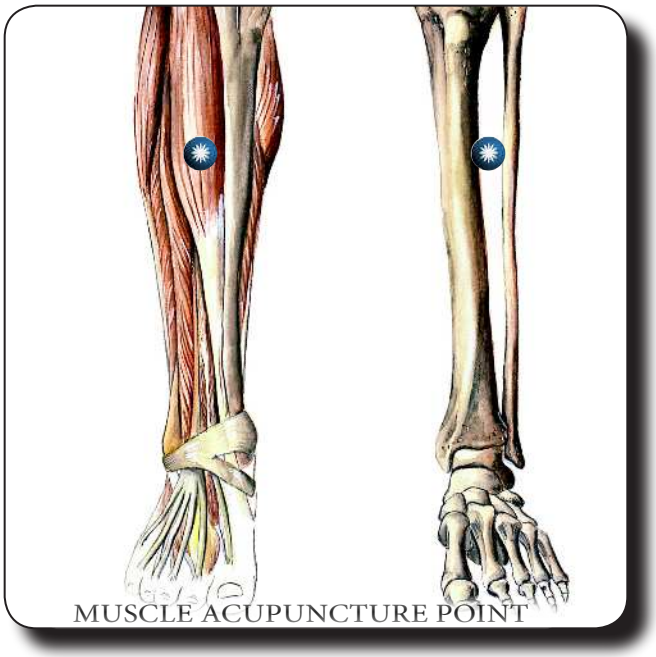


MUSCLE ACUPUNCTURE POINT

730 QUADRATUS LUMBORUM, (Costal Division)

Muscle 730: QUADRATUS LUMBORUM, (Costal Division)

ORIGIN: Iliolumbar ligament, posterior part of iliac crest.

INSERTION: Inferior border of 12th rib.

ACTION: With the pelvis fixed, it flexes the rib cage laterally. With the spinal column fixed, it flexes the pelvis on the rib cage.

TEST:

Patient: Supine, centered on table, abduct both legs 2° ipsilaterally, arch lumbars slightly.

Doctor: Brace opposite greater trochanter; with arm over ankles, contact to adduct legs across table.

NEUROVASCULAR: (Lat) Parietal bone-parietal eminence.

*Neurovascular as found by George Goodheart, D.C.

NEUROLYMPHATIC: (Ant/BL) 1/3 distance from ASIS to umbilicus.

VISCERAL ORGAN:

I. Liver: (Post/BL) B28 on sacrum, 1" inferior to PSIS.

II. Colon - Ascending/Descending: (Ant/BL) Lateral border of 1st section of Rectus abdominis just below halfway between pubes and umbilicus.

M. A. P. : St37.5

V.L. : L4L

L. B. V.L. : C2L

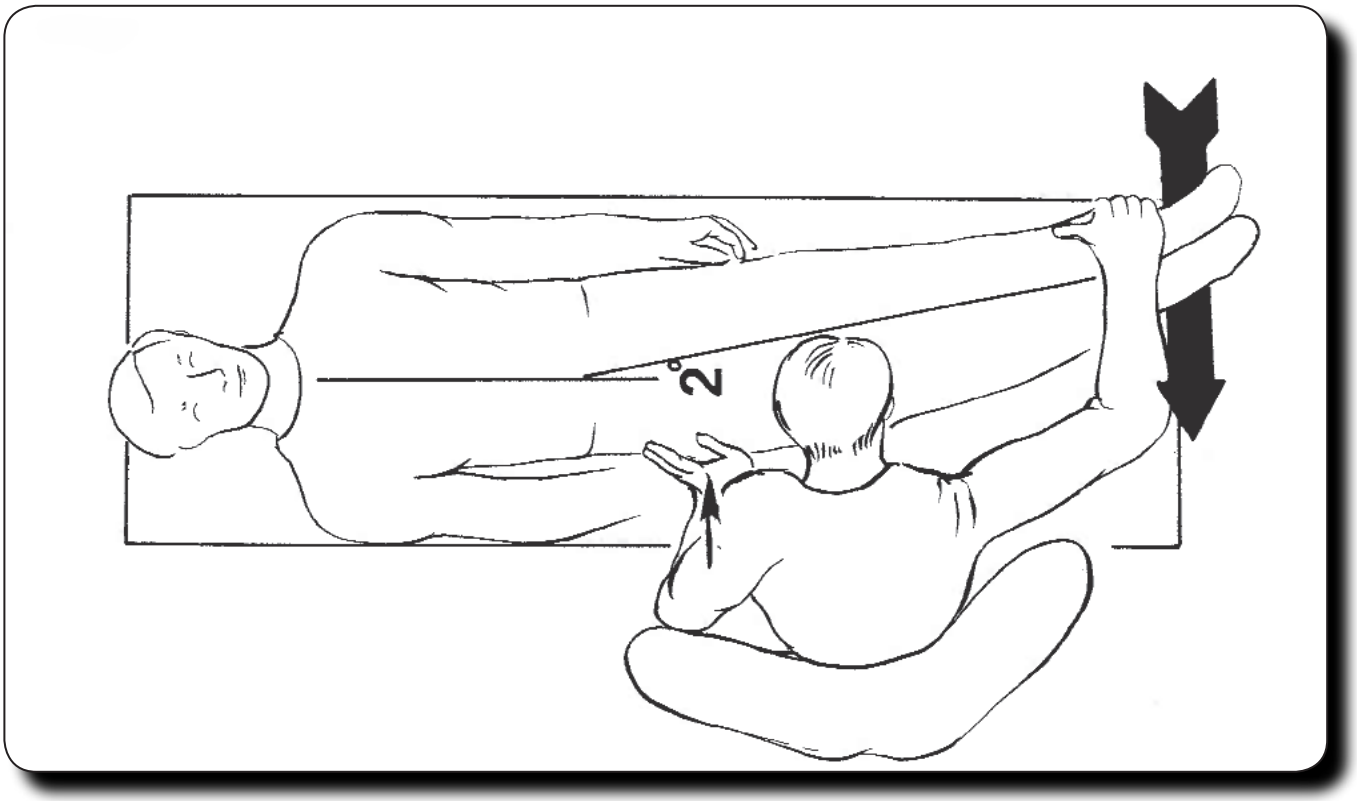
M. M. : L3

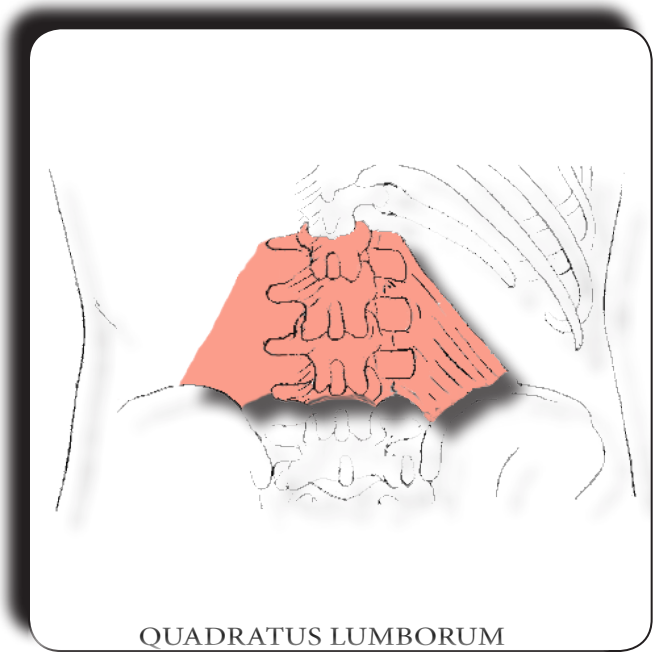
CRANIAL: Vomer

FOOT: 2nd metatarsal

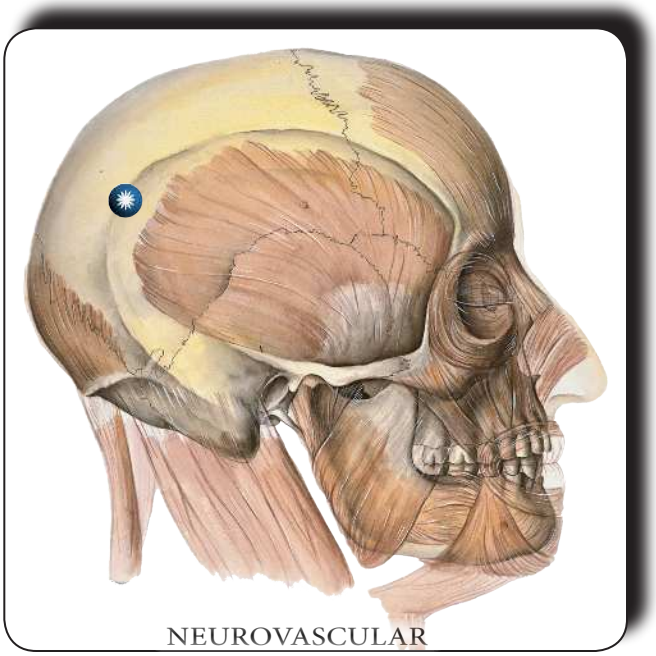
NUTRIENT SOURCE: Potassium

1. Core Level Potassium (NW)
2. Core Level Calcium (NW)





QUADRATUS LUMBORUM



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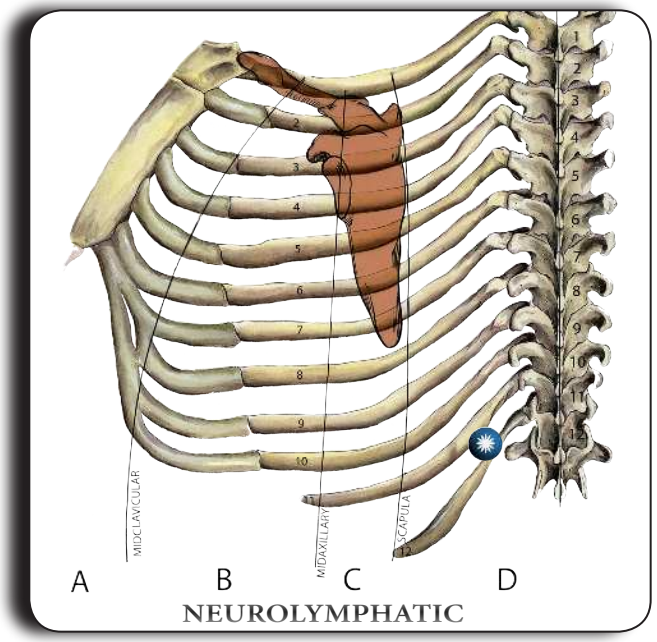

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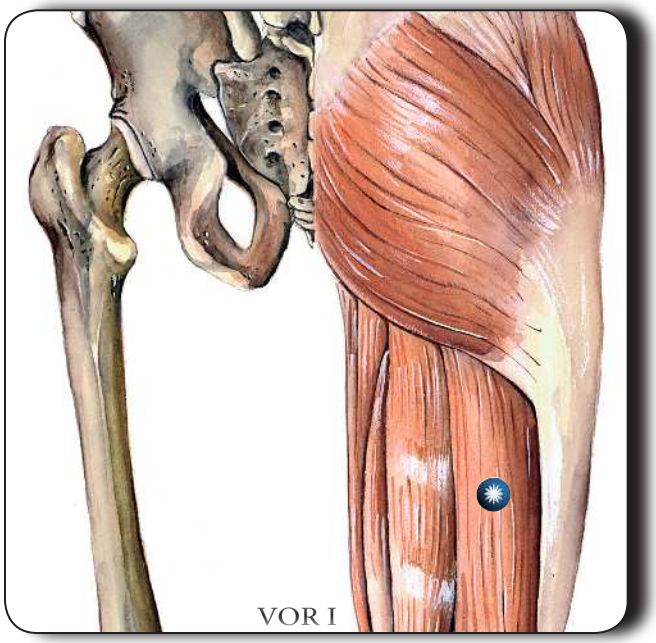
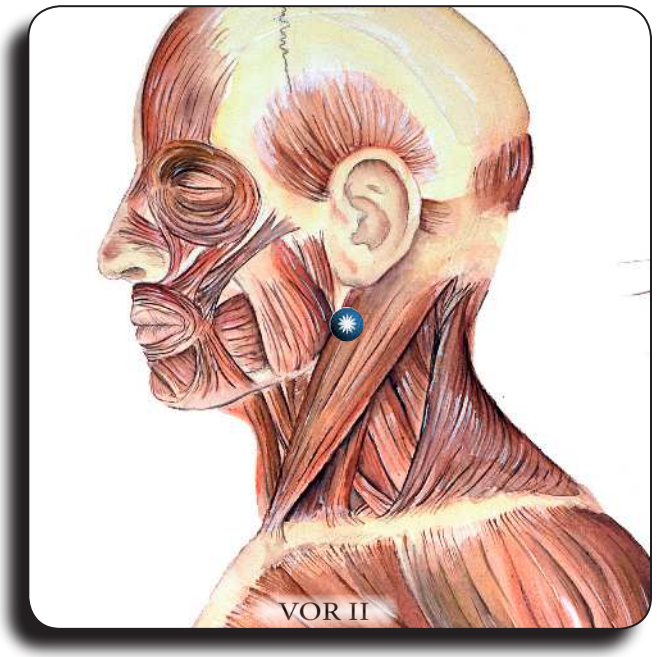
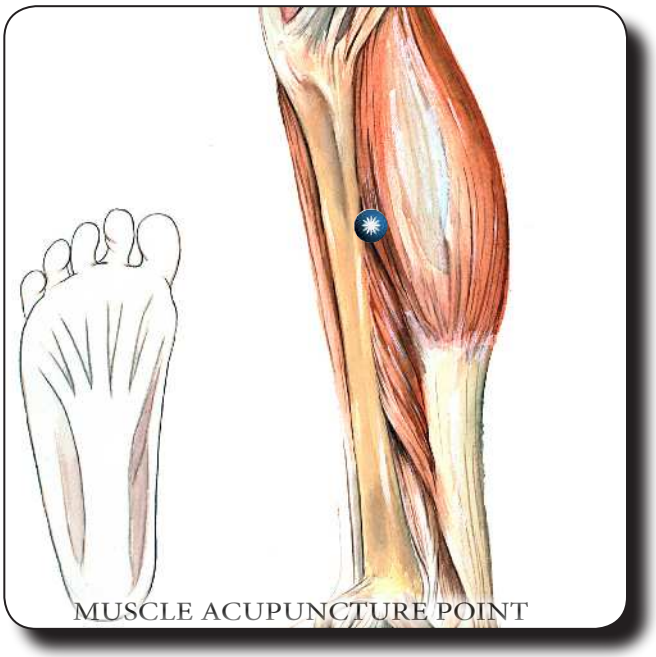


VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 732: QUADRATUS LUMBORUM, (Spinal Division)

ORIGIN: Crest of ilium, posterior portion.

INSERTION: Transverse processes of upper four lumbar vertebrae.

ACTION: With the pelvis fixed, it flexes the lumbars on the pelvis. With the spinal column fixed, it flexes the pelvis on the spine.

TEST:

Patient: Supine, centered on table, abduct both legs 10° ipsilaterally, keep lumbars in slight extension.

Doctor: Brace opposite greater trochanter, place arm over ankles and contact to adduct legs across table.

NEUROVASCULAR: (Lat) Parietal bone-posterior and superior to parietal eminence.

NEUROLYMPHATIC: (Post/L) 11th ICS, 1-2" lateral to spine.

VISCERAL ORGAN:

I. Gallbladder: (Post/R) belly of Biceps femoris long head, 2" superior and 1" lateral to B51.

II. Tonsils: (Lat/BL) Si16.5, upper 1/3 of belly of Sternocleidomastoideus.

M. A. P. : Sp7.8

V.L. : T4R

L. B. V.L. : T7R

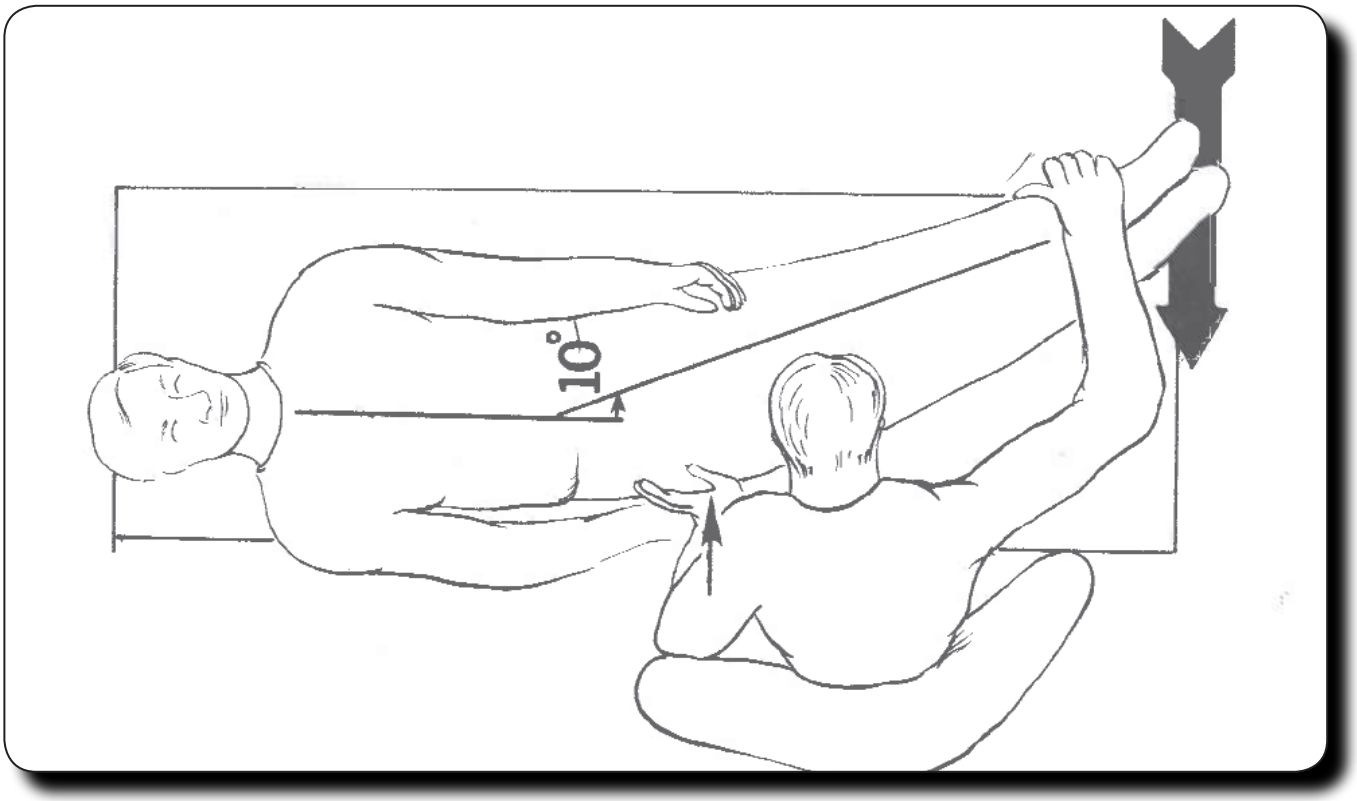
M. M. : L2

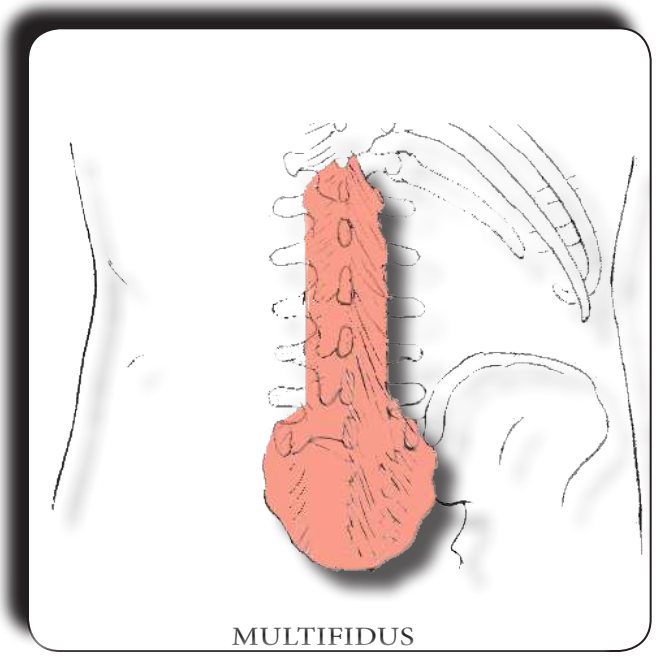
CRANIAL: Palatine

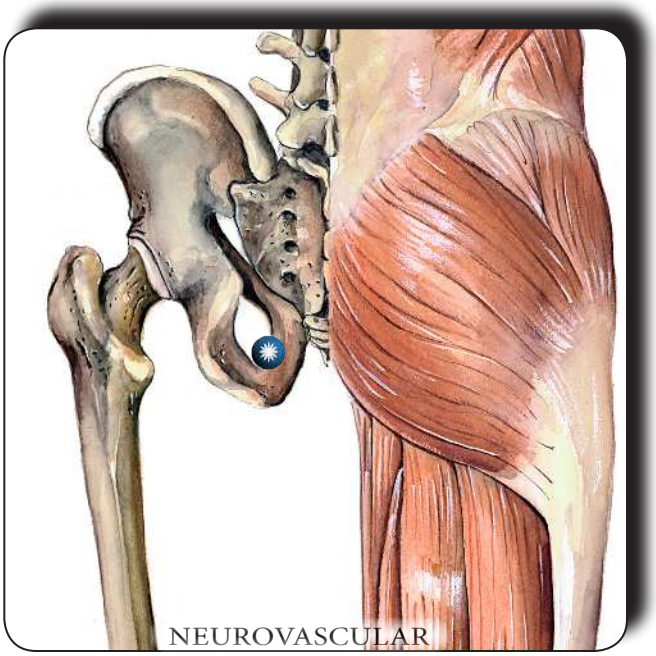
FOOT: 1st metatarsal

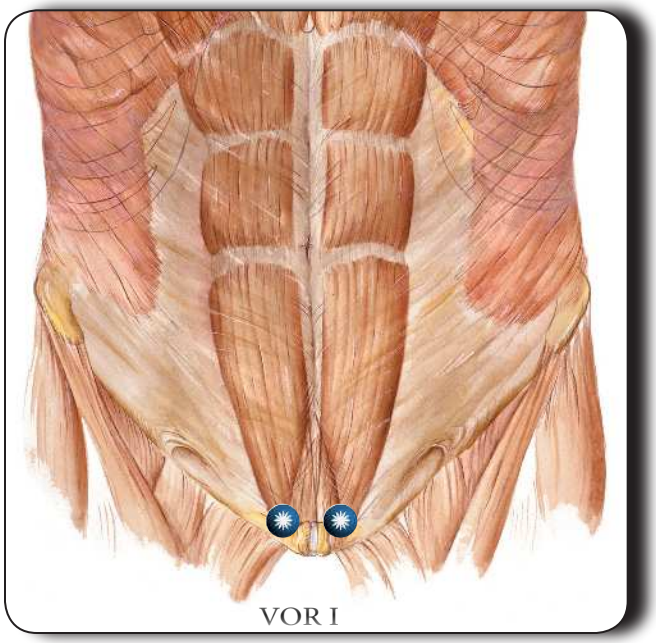
NUTRIENT SOURCE:

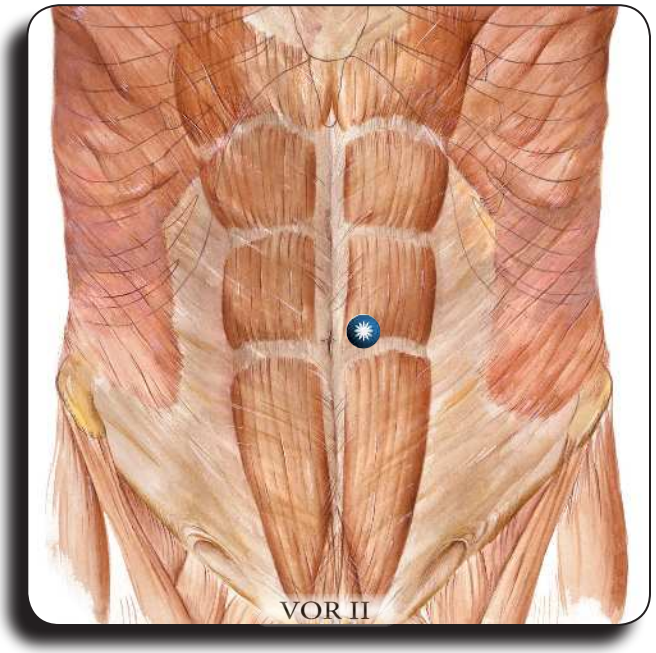
1. Core Level D-Tox (NW)
2. Core Level Liver (NW)
3. Core Level Bile (NW)

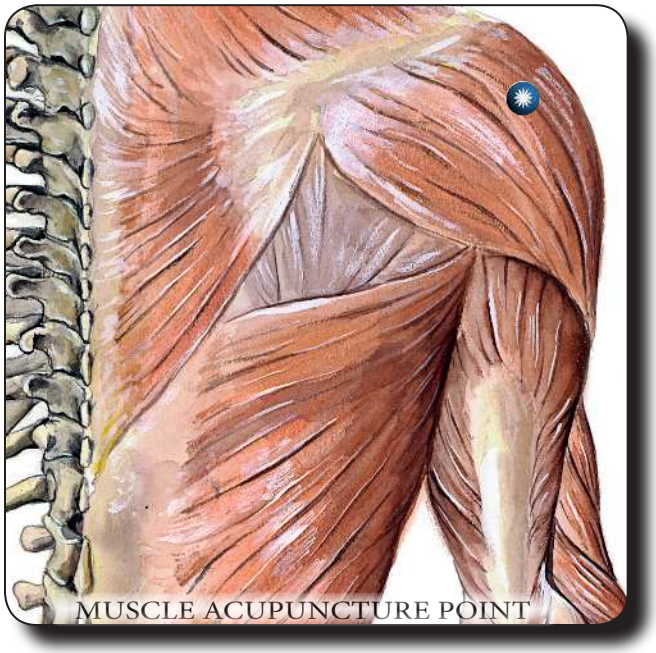












734: MULTIFIDUS, (Lumbosacral Division)

Muscle 734: MULTIFIDUS, (Lumbosacral Division)

ORIGIN: Back of sacrum, medial and posterior iliac spine, mammillary processes of lumbar vertebrae.

INSERTION: Spinous processes of T11 through L5.

ACTION: Extend and rotates the spinal column.

TEST:

Patient: Supine, centered on table, abduct both legs 10° to ipsilateral side, full external rotation of ipsilateral femur.

Doctor: Brace opposite greater trochanter, place arm over ankles and contact to adduct legs across table.

NEUROVASCULAR: (Post/L) Pubes-posterior surface in middle of origin of Levator ani muscle.

NEUROLYMPHATIC: (Lat/L) 7th ICS, humeral area.

VISCERAL ORGAN:

I. Ductus deferens: (Ant/BL) K11, top of pubes.

II. Colon - anal region: (Ant/L) Edge of umbilicus at 1 o'clock position.

M. A. P. : Li14.7

V.L. : L1L

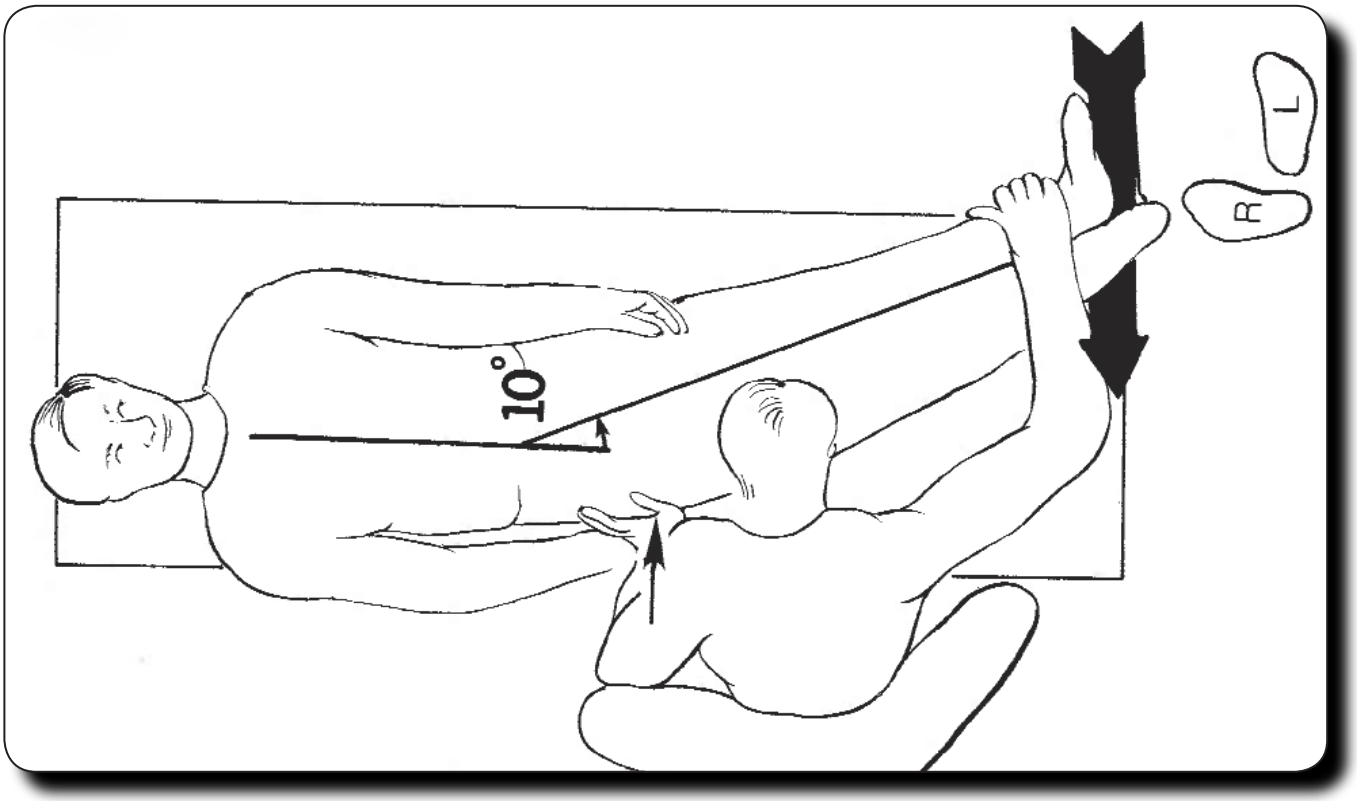
L. B. V.L. : C5L

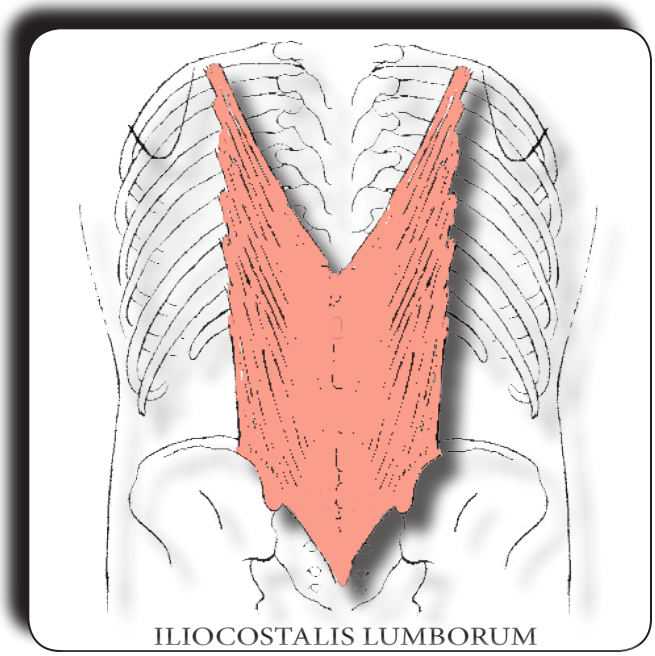
M. M. : L3

CRANIAL: Mandible

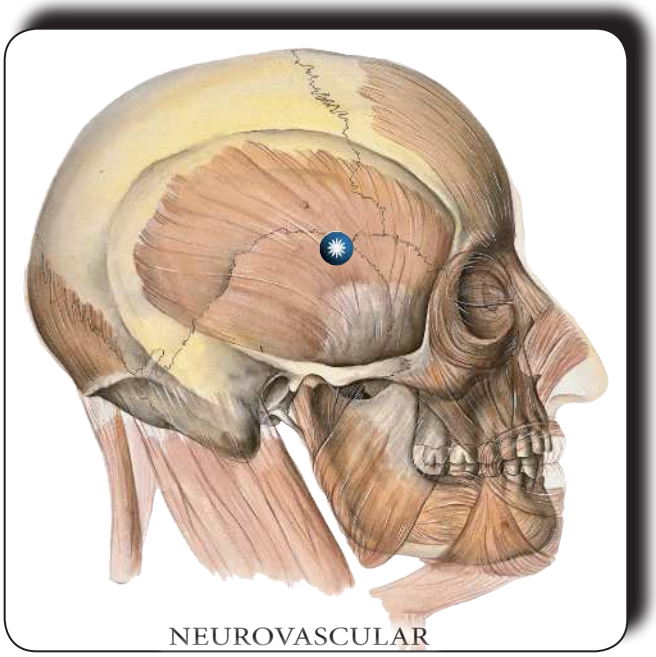
FOOT: 1st proximal phalanx

NUTRIENT SOURCE:
1. Silicea (Homeopathic)

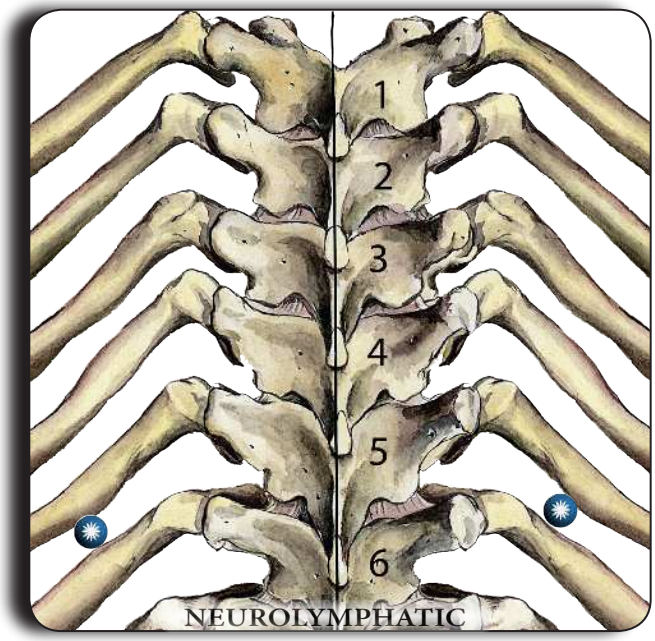




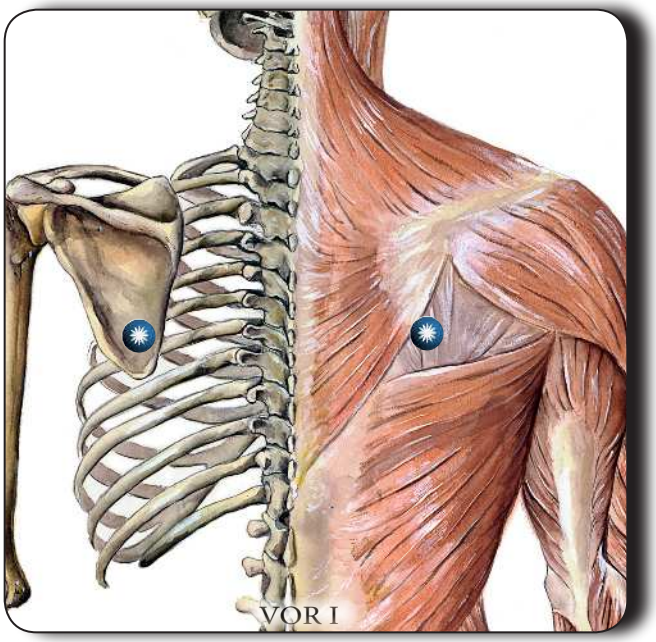
ILIOCOSTALIS LUMBORUM



NEUROVASCULAR

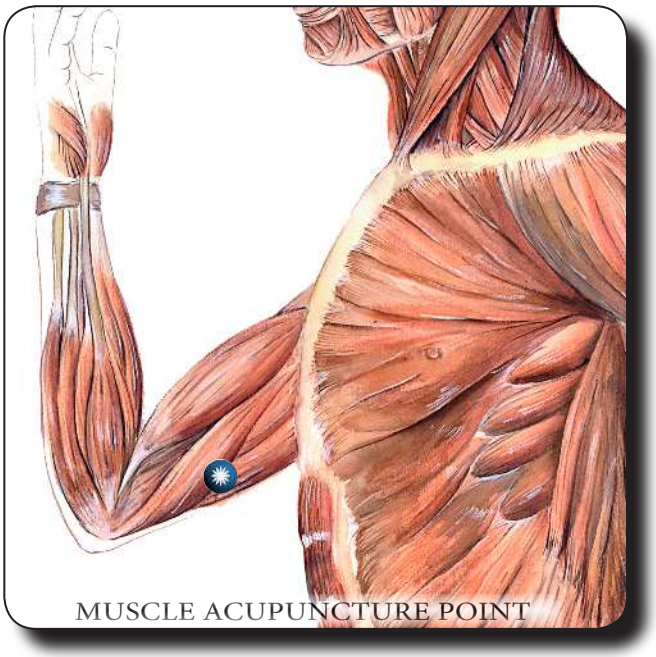


NEUROLYMPHATIC



VOR I

VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 736: ILIOCOSTALIS LUMBORUM

ORIGIN: Anterior surface of broad tendon attached to sacrum, spinouses of L5 to Tll, inner lip of iliac crest.

INSERTION: Inferior borders of lower 6th and 7th ribs at the angle.

ACTION: Extends the lumbar spine.

TEST:

Patient: Supine, centered on table, abduct both legs 10° ipsilaterally, internally rotate ipsilateral femur, placing instep to opposite arch.

Doctor: Brace opposite trochanter, place arm over ankles and contact to adduct legs across table.

NEUROVASCULAR: (Lat) Squamosal suture, 1 1/2" directly above condyle of mandible.

NEUROLYMPHATIC: (Post/BL) 5th ICS, 2-3" from spinous processes.
NOTE: Dual vertebral level and neurolymphatic reflex (right side for right muscle, left side for left muscle).

VISCERAL ORGAN:

I. Lungs: (Post/BL) Scapula below and medial to Si11 near vertebral border.

II. Stomach - Pyloric valve and immediate area: (Ant/R) 3rd section Rectus abdominis, 1/2" lateral to linea alba near insertion.

M. A. P. : Si8. 5

V. L. : T5 (R/R, L/L)

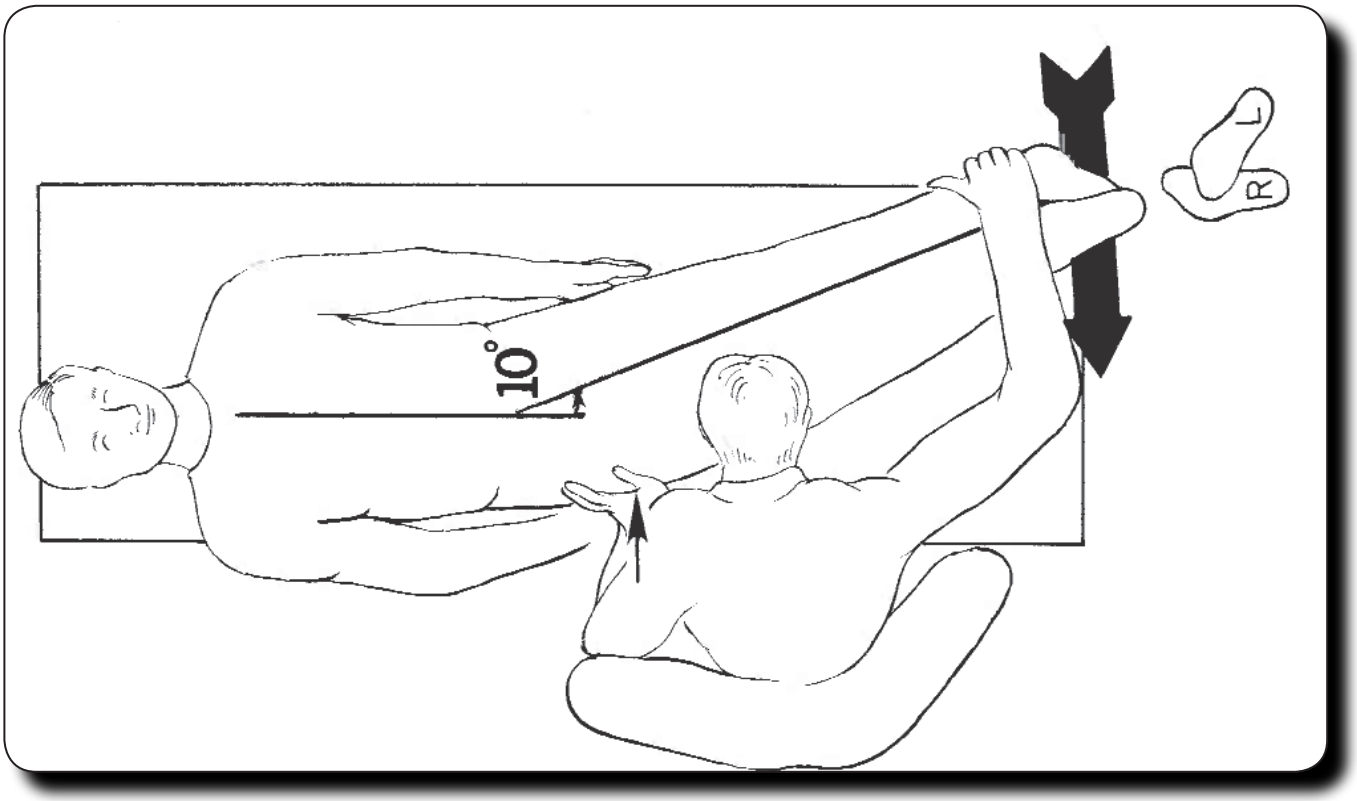
L. B. V.L. : T6L

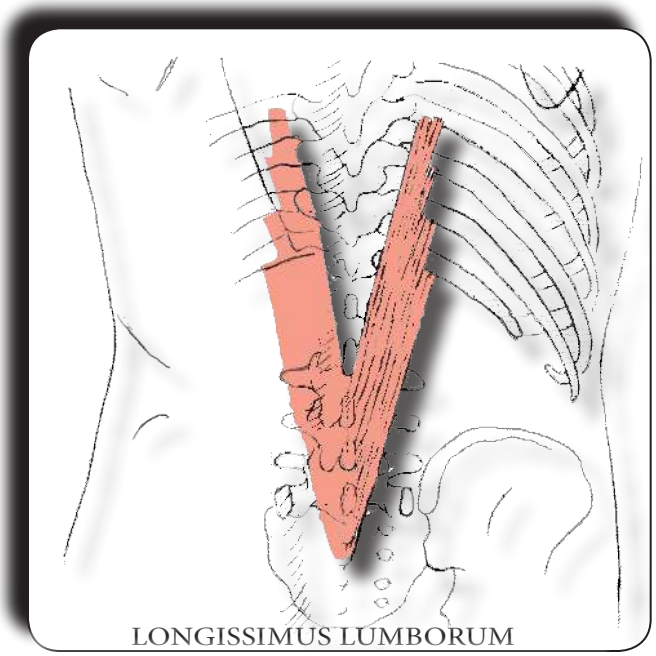
M. M. : L4

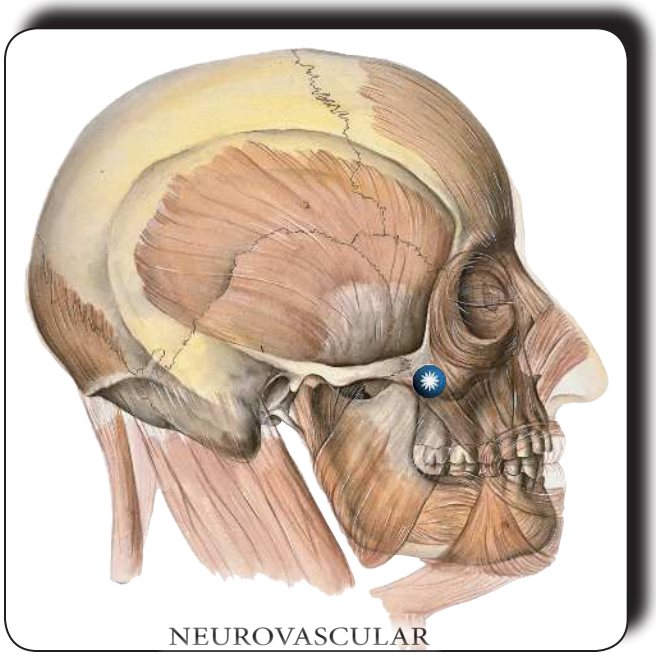
CRANIAL: Palatine

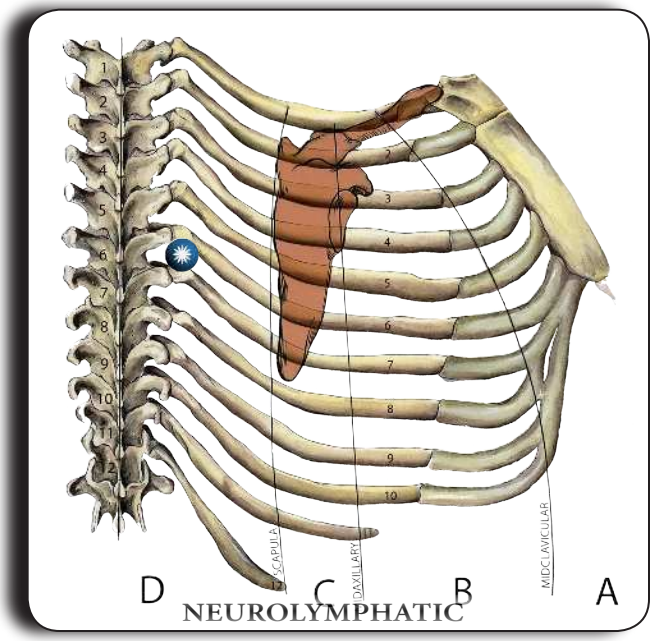
FOOT: 1st Metatarsal

NUTRIENT SOURCE:
1. Ferrum Phosphorica (Homeopathic)




LONGISSIMUS LUMBORUM


NEUROVASCULAR



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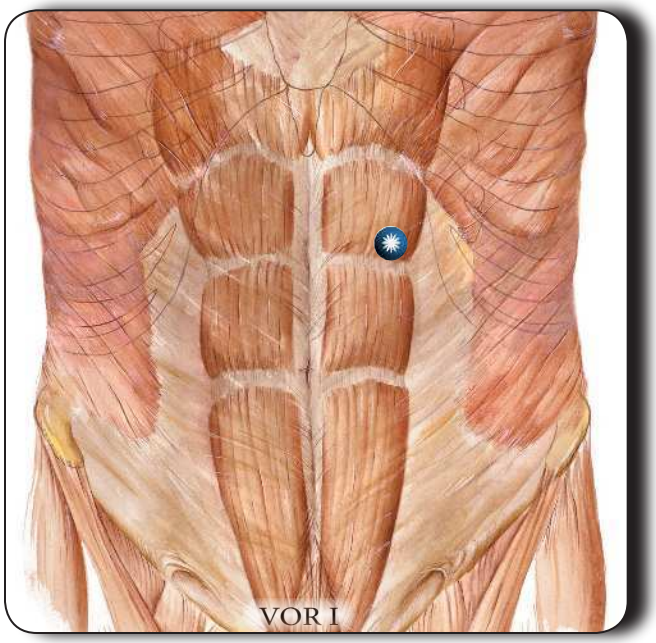
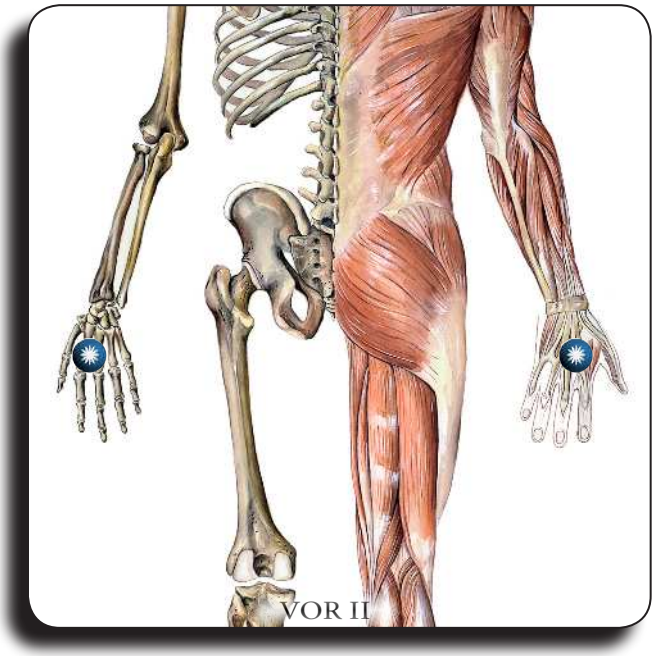

VOR I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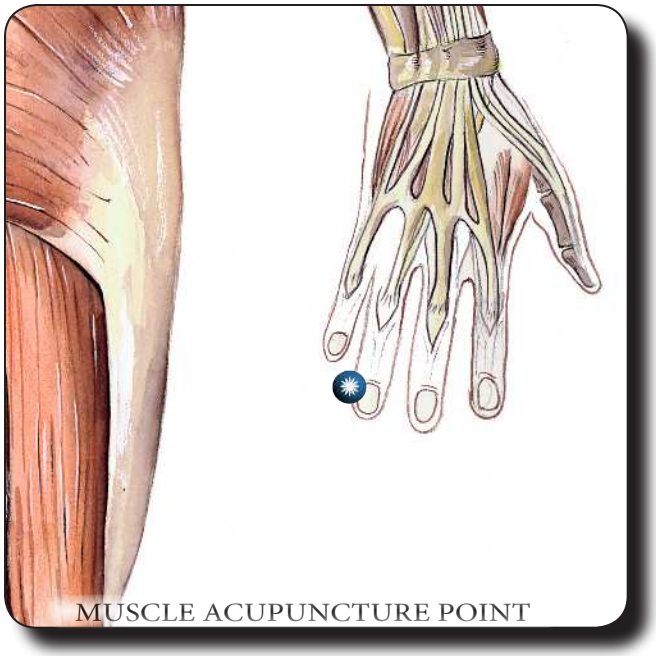

MUSCLE ACUPUNCTURE POINT

Muscle 738: LONGISSIMUS LUMBORUM

ORIGIN: Spinous processes of L3 through S2.

INSERTION: Ribcage-lower inferior border of 9th through 12th ribs.

ACTION: Extend the lumbar and thoracic spine.

TEST:

Patient: Supine, diagonal on table, abduct legs 20° ipsilaterally, lumbars slightly extended.

Doctor: Brace opposite greater trochanter, place arm over ankles and contact to adduct legs across table.

NEUROVASCULAR: (Lat) Zygomatic bone-lateral portion 1/2" anterior to zygomatic-temporal suture.

NEUROLYMPHATIC: (Post/R) 6th ICS, just lateral to transverse process.

VISCERAL ORGAN:

I. Jejunum: (Ant/L) lateral border of 3rd section of Rectus abdominis near origin.

II. Eye: (Post/BL) Dorsum of hand, between 2nd and 3rd metacarpals, midway to proximal and distal portions.

M. A. P. : Tw1

V. L. : L2R

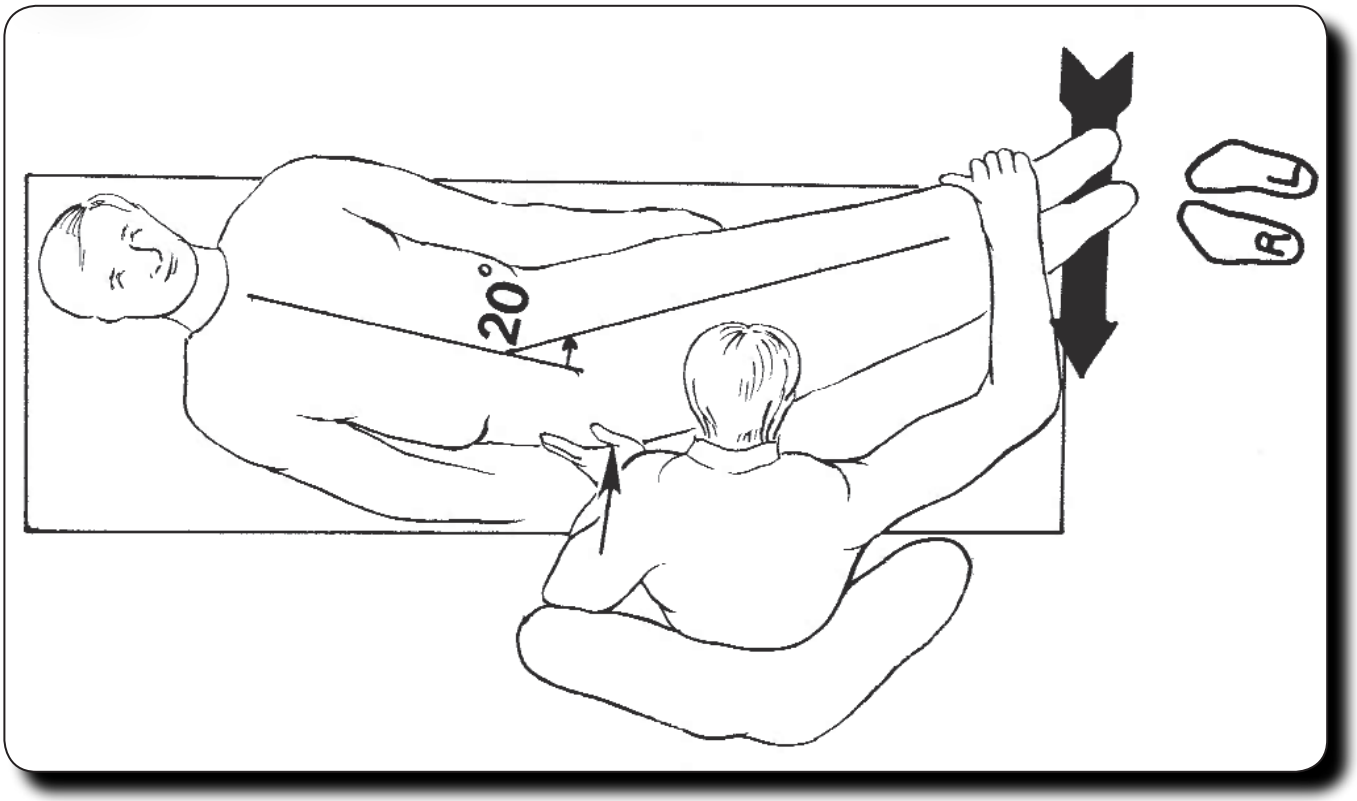
L. B. V.L. : C4R

M. M. : L2

CRANIAL: Maxillary-medial to lateral shift

FOOT: 3rd metatarsal

NUTRIENT SOURCE: B12
1. B12 Lozenge (NW)
2. Complex Omega-3 Cofactors (Audlt Formula) (NW)
3. B-Complex (NW)
4. Core Level Folic Acid (NW)



Chapter IV:

Reactive Muscles

REACTIVE MUSCLES

Below are listed muscles which we have found to be reactive to the muscles of the low back and abdomen. This list will be updated and expanded as further information is obtained.

Muscle		Reactive Muscle
690	Pyramidalis	704 Rectus abdominis, 3rd division 692 Obliquus externus 718 Transversus abdominis, lower division 818 Vastus medialis, middle division 556 Abductor pollicis brevis
692	Obliquus externus abdominis	538 Flexor pollicis brevis 486 Pronator quadratus 714 Transverse abdominis, upper 334 Semispinalis cervicis 668 Semispinalis thoracis
694	Obliquus externus abdominis	124 Pterygoideus lateralis superior 300 Sternohyoideus 568 Adductor pollicis obliquus 728 Psoas minor 462 Infraspinatus
696	Obliquus internus abdominis	518 Extensor carpi ulnaris 796 Rectus femoris, straight head 836 Vastus intermedius, medial division
698	Obliquus internus abdominis	464 Subscapularis 596 Interossei dorsales manus, 3rd 816 Vastus medialis, upper division 838 Vastus intermedius, lateral division 974 Interossei plantares, 2nd
700	Rectus abdominis, 1st div.	796 Rectus femoris, straight head 380 Constrictor pharyngis medius 122 Pterygoideus medialis palatine 714 Transverse abdominals, upper division 730 Quadratus lumborum 782 Gluteus medius, middle division
702	Rectus abdominis, 2nd div.	528 Extensor indicis proprius 808 Gracilis 282 Scalenus medius 464 Subscapularis, superior division 874 Soleus, lateral division 814 Quadratus femoris

Muscle		Reactive Muscle	
704	Rectus abdominis, 3rd div.	568	Adductor pollicis obliquus
		918	Flexor digitorum brevis pedis
706	Rectus abdominis, 4th div	834	Vastus lateralis, lower division
		540	Flexor digitorum superficialis
708	Rectus abdominis, 4th div	418	Deltoideus, anterior division
		572	Abductor digiti minimi manus
		726	Psoas major, diaphragmatic division
		844	Adductor magnus obliquus
		932	Flexor hallucis brevis, 3rd cuneiform
710	Iliacus	726	Psoas major, diaphragmatic division
		920	Flexor digitorum brevis, medial div
		478	Teres major
		326	Splenius cervicis
		454	Levator scapulae, superior division
		848	Gluteus maximus, iliac division
712	Iliacus minor	302	Sternothyroideus
		470	Subscapularis
		580	Lumbricales manus, 3rd division
		898	Peroneus tertius
		702	Rectus abdominis, 2nd division
		962	Lumbricales pedis, 4th division
714	Transverse abdominis, Upper Division	482	Brachioradialis
		564	Opponens digiti minimi manus
		598	Interossei dorsales manus, 4th div.
		702	Rectus abdominis, 2nd division
		806	Adductor longus, inferior division
		472	Deltoideus, posterior division
718	Transverse abdominis, Lower Division	392	Pectoralis minor
		794	Rectus femoris
		322	Splenius capitus
		654	Serratus posterior, inferior division
		784	Gluteus medius, anterior division
722	Psoas major, Lumbar Division	846	Adductor magnus, 1st division
		274	Sternocleidomastoideus
		410	Serratus anterior, inferior division
		780	Gluteus medius, posterior division
		670	Semispinalis thoracis
724	Psoas major, thoracic div.	658	Diaphragma, 2nd section
		884	Tibialis anterior, metatarsal div.
		660	Diaphragma, 3rd section
		620	Longissimus dorsi, lower division
		736	Iliocostalis lumborum
		948	Adductor hallucis transverse
726	Psoas major, diaphragmic div.	114	Masseter, superficial division
		126	Pterygoideus lateralis, inferior div.
		302	Sternothyroideus
		414	Deltoideus, middle division
		570	Palmaris brevis
		690	Pyramidalis

MUSCLE		REACTIVE MUSCLE	
726	Psoas major, diaphragmic div.	114	Masseter, superficial division
		126	Pterygoideus lateralis, inferior division
		302	Sternothyroideus
		414	Deltoideus, middle division
		570	Palmaris brevis
		690	Pyramidalis
728	Psoas minor	236	Transversus lingual
		304	Thyrohyoideus
		388	Palatopharyngeus
		484	Pronator quadratus
		736	Iliocostalis lumborum
		942	Adductor hallucis obliquus, peroneus div.
730	Quadratus lumborum	416	Deltoideus anterior
		876	Gastrocnemius, lateral division
		612	Spinalis dorsi
732	Quadratus lumborum	470	Subscapularis, superior division
		902	Extensor hallucis longus
		970	Interossei dorsales pedis, 4th section
		674	Multifidus thoracis
		828	Biceps femoris long head, tibial division
		846	Adductor minimus
734	Multifidus, lumbosacral	736	Iliocostalis lumborum
		860	Piriformis
		790	Tensor fascia latae
		804	Adductor longus
736	Iliocostalis lumborum	402	Pectoralis major, clavicular division
738	Longissimus lumborum	500	Flexor carpi ulnaris
		322	Splenius capitus
		328	Longissimus crevicis
		786	Gluteus minimus, anterior division
		826	Biceps femoris long head
		874	Soleus, lateral division

GLOSSARY of ABBREVIATIONS

Ant	Anterior
ASIS	Anterior superior iliac spine of ilium
BL	Bilateral
Contralateral	Pertains to opposite side of the body (R or L) from reference
CN	Cranial Nerve
EAC	External Auditory Canal
EOP	External occipital protuberance
I.C.S.	Intercostal space
Ipsilateral	Pertains to same side of the body (R or L) as reference
L	Left or Lumbar
Lat	Lateral
L.B.	Lovett Brother
M.A.P.	Muscle acupuncture point
Midline	Midline of the body or organ
M.M.	Myomere, direct nerve supply to muscle
M.T.P.	Muscle Testing position
Post	Posterior
PSIS	Posterior superior iliac spine of ilium
Sup	Superior
R	Right
SCM	Sternocleidomastoideous muscle
V.L.	Vertebral Level, A level of the spinal column where the somato-visceral relationships are expressed
VOR	Visceral Organ Reflexes

MERIDIANS

B	Bladder
Cv	Conception Vessel
Cx	Circulation / Sex
G	Gallbladder
H	Heart
K	Kidney
Li	Large Intestine
Lu	Lung
Lv	Liver
P	Pericardium (same as Circulation Meridian)
Si	Small Intestine
Sp	Spleen
St	Stomach
Tw	Triple Warmer
X	Extra (outside of normal Meridians)
Gv	Governing Vessel

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